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MOTHER AND CHILD

A MAGAZINE CONCERNED WITH THEIR HEALTH

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JANUARY 1922

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THE AMERICAN CHILD HYGIENE ASSOCIATION

FORMERLY

American Association for Study and Prevention of Infant Mortality

1211 Cathedral Street, Baltimore, Maryland.

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Published Each Month by

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Courtesy of the Child Health Organization

"Let children feel in their muscles the joy of motion and the sense of power which come with the possession of strong limbs and a healthy body."—Mrs. Gesell.

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Vol. III JANUARY, 1922 No. 1

FEB 20 1922

The Psychology of Health Education*

Beatrice Chandler Gesell, New Haven

IN spite of the splendid achievements of our health organizations which have succeeded in focusing the attention of the nation upon health it is time for an appraisal of present day methods of health education. Health is not a commodity to be sold, but a question of personal ethics and must therefore be approached through a psychological analysis of children,—their nature and their daily needs. We must pause to consider whether in the dramatic delight of elaborating an idea we are not exploiting the psychology of advertising rather than interpreting the psychology of childhood.

Health education does not consist in the several activities connected with cleansing the teeth, brushing the hair, washing the hands; but in the development of the driving power of the ideals behind these activities. The law of association is a fundamental psychological law. "Temporary associations and temporary centers of association are continually being formed and continually being broken down to be replaced by new ones and it is only the result of all this activity that persists and constitutes permanent training."

There is danger of establishing too low levels of habit, unless through an intimate knowledge of childhood we surround children with adequate stimuli which will build up reactions that will carry over into maturity. Some of these stimuli are biological and relate themselves to the child's physical being, but a broader and more hopeful source of direct education lies in the manifold emotional attitudes and associations which constitute the aspirations of the young child.

Health must come to the child through the expression of his instinctive impulses and not by a deliberate, conscious and somewhat sophisticated pursuit of hygiene. Health as an abstract idea has no fascination for the child. As a state or condition to be attained in the fu-

*Address given at the Twelfth Annual Meeting of the American Child Hygiene Association, New Haven, November 5, 1921.

ture it will not arrest his attention. The child is interested in immediate results. He runs for the most beautiful butterfly and the one which is close at hand. He is stimulated to effort in response to the images and persuasions of his present needs.

What are some of the native impulses which may be utilized in health education?

1. A Reverence for Life, and an Abiding Interest in Everything that Lives. Those of us who have seen a group of noisy children suddenly come upon a nest of baby birds realize the hush and delight which this intimate contact with new life always arouses. So it is that Nature Study and excursions offer endless opportunities for unconscious instruction in the care of the body. The child who takes care of a pet will absorb many of the fundamentals of personal hygiene. A baby in the home or in the school room could be made the starting point of valuable demonstrations in health education.

2. A Love of Beauty. Every child is sensitive to beauty and yet how little has been done to bring to children in a concrete form the beauty and grace of the human body. The child's mind through posters, sculpture and painting should be crowded with images of beauty and grace so that he will desire to possess a lithe, healthy body.

3. An Interest in Rhythm and Motion. The exercise which we offer our children is too often perfunctory and meaningless. Let us give them an opportunity for rhythmic dancing and open to them the delights of pantomime and so put the body to a practical test. Let children feel in their muscles the joy of motion and the sense of power which come with the possession of strong limbs and a healthy body. Abandon and spontaneity will do more to develop muscular control in the young child than all the exercises one can fashion.

4. Desire to be Commended. We do not put a premium upon health. If adults do not respect their health how can we expect young children to set up standards for themselves? Let mothers and teachers place the seal of their approval upon the healthy and efficient body and the effect upon children will be immediate. We are too apt to admire perfection of feature or beauty of attire and so stress personal vanity rather than personal hygiene.

5. A Determination to be Happy. And now we must consider the principles of health education from the standpoint of mental hygiene and the conditioned reflex. To capture and retain health the child must have a definite attitude toward health which is wrapped round with pleasant emotions. We have reached the point where we must enlarge our definition of health to include mental attitude and daily adaptation to life. Many, many children can never be physically fit and their hope lies in

an education which will make it possible for them to find compensation in their ability to adapt themselves to the community life. They must be comforted by the assurance that mental fitness and mental health are equally as important as the number of red corpuscles in a blood count.

Fortunately the child's determination to be happy is so deep-seated as to be truly instinctive. Even when he is sick or paralyzed in body or arm he has a will to conquer, or at least to adapt. A physical disability may actually stimulate the development of his character. Indeed, he is a chronic invalid in the full sense of the term only when he has become distorted or defeated. Here we glimpse some fundamental relations between physical and mental hygiene, which suggest that health education should be more deliberately directed toward maintaining the integrity of the mind.

Can we not make our definition of health education big enough to include the whole art of healthy living and so fill the children's early years with frequent triumphs and abundant joy that they may know the sense of power and the enlargement of personality which achievement brings. Then we shall strengthen not only bodily resistance but the sinews of character.

Is There Any Evidence To Suggest That Poor Posture Bears Any Causal Relation To Poor Health in Children? *

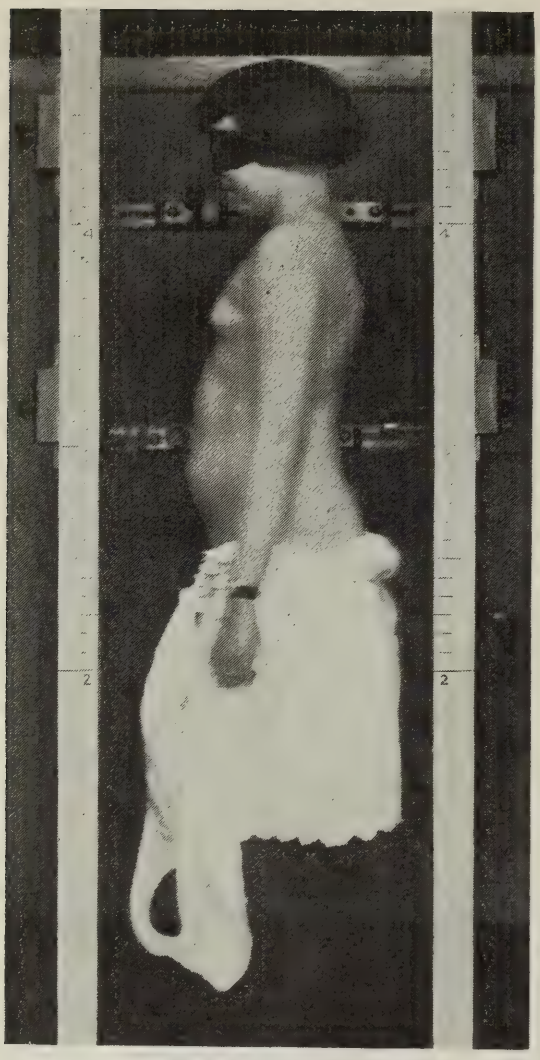
Robert B. Osgood, M. D., Boston

PERHAPS two purposes may justify the presentation of a paper before experts. One is to bring them something new, and the other is to try to answer a question which these experts are, or ought to be asking. And so, since I have nothing new to bring you, the title of my own paper is in the form of a question which I think you ought to be asking, and the paper will be an attempt to answer the question; and this answer you have a perfect right to demand.

BODY FORM TYPES

Different human body form types have been recognized for many years, in the anthropological studies of Treves and Bean, the autopsy records of Bryant, and in the anatomical analyses of Golthwait. At least three types are familiar

*Address given at the Twelfth Annual Meeting of The American Child Hygiene Association, New Haven, November 5, 1921.

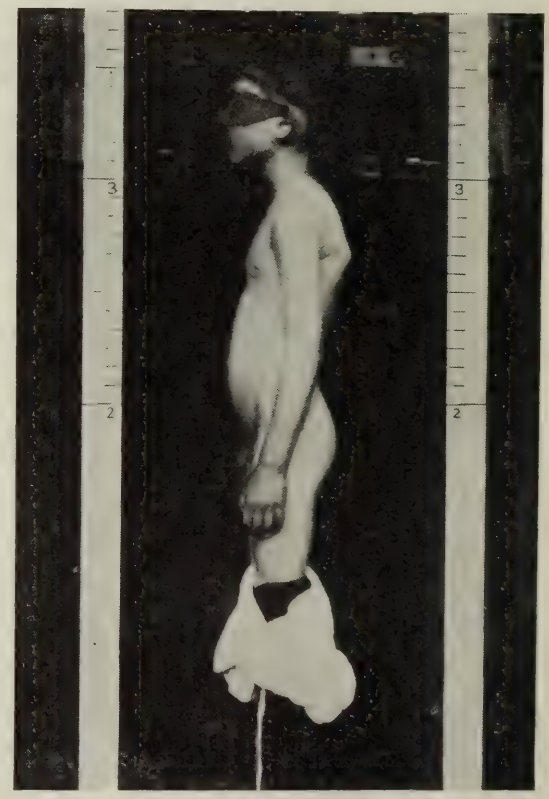


Stout, stocky, rather placid child; hypo-ontomorph, or herbivorous type.

to all of us: the stout, stocky, rather placid child; the slender, lanky, rather highstrung child, and the mean between these two, who is neither too fat, nor too thin, too dull nor too precocious. This neutral, or third type, we may consider the ideal or normal type for the erect human biped, but this does not mean that it is necessarily the usual type. Various names have been given to these types. Bean speaks of the heavy type as the hypo-ontomorph or herbivorous type, the light as the hyper-ontomorph or carnivorous type, and the neutral as the meso-ontomorph or normal type. It is the hyper-ontomorph or carnivorous type which most concerns us, for this is the congenital visceroptotic type in which faulty posture is most prone to occur.

ANATOMICAL CONSIDERATIONS

The anatomical findings in this type are interesting and fairly constant. Bryant's[1] three hundred autopsy records show that this type is associated in a large percentage



Slender, lanky, high-strung child; hyper-ontomorph, or carnivorous type.

1 Boston Medical and Surgical Journal, May 21, 1914.

of cases with a narrowed chest, abnormal intestinal adhesions, and frequently with ileal stasis. Bean[1] has observed 1,002 patients and performed three hundred and seventeen autopsies, and he finds that the stomach is small and low, J shaped and far to the left. The liver is small and low, vertical and far to the right. The small intestine is short and of small caliber. The colon is long, with a low hepatic flexure, a high splenic flexure, and the transverse portion a festooned, low hanging loop with a long mesentery. The clinical records show these individuals peculiarly susceptible to tuberculosis, insanity, and many of the so-called nutritional diseases.

Goldthwait's study of frozen sections makes it evident that the faults of posture and relaxed abdominal walls common to this type must predispose to a sagging of the viscera and a possible interference with their blood supply. These conditions strongly suggest interference with visceral function.

PHYSIOLOGICAL CONSIDERATIONS

This brings us to the physiological considerations. No work has been more important in this connection than that of Professor Cannon.[2] He has established the fact that a proper tone of the muscle fibres of the intestine is necessary for activity of the digestive processes. The lack of tone may be due either to a failure of nerve impulses which maintain the necessary tonic state, or to a predominance of those impulses which inhibit it. The vagus nerves experimentally are found to be largely responsible for establishing and maintaining this desirable tone of the stomach and small intestine, while the sympathetic system is influential in depressing it. It is probable that through the vagi nerves the actual size of the contractile stomach is actually adapted to the varying amount of food. Baylis and Starling[3] seem to have proved that the vagi nerves convey mostly motor nerves to the small intestine also, and Meltzer[4] has seen the caecum or first portion of the large intestine in a rabbit strongly contract on stimulation of the vagus. We are to bear in mind, therefore, that it seems definitely proved that anything which inhibits the passing of impulses down the vagi may lower the tone of the stomach and intestinal musculature and may be expected to disturb digestion and the proper assimilation of food and affect nutrition.

We really know comparatively little about the Sympathetic Nervous System. We may dissect out its ganglia or little brains and trace many of their fibres in the motor and sensory nerve cords. We are learning some of the exquisite ad-

1 Bean: Anatomical Record, 1916, Vol. x, p. 181.
2 Cannon: The Mechanical Factor of Digestion, Longman's, Green & Co., 1911.
3 Baylis & Starling, Ergeb., d. Phy, 1920, p. 460.
4 Meltzer: Proc. Soc. Exp. Biology, N. Y., 1907, Vol. iv., p. 39.

justments of the mysterious glands of internal secretion which are brought about by this system. Perhaps some day someone will leap to a proper conception of its entire mechanism as Harvey did to the understanding of the circulation of the blood, but all we can do at present is to recognize its existence, discover some of its controls, and learn to know some of the conditions which disturb the normal action of this autonomic nervous system.

Have we any right to believe that faulty posture and the concomitant sagging of the organs may in any way affect the passage of nerve impulses down the vagi and lessen the tone necessary to proper digestion? We know that stretching of motor nerves inhibits their action. A common method of relieving sciatic pain until the more basic causes of sciatica came to be better understood was to mechanically stretch the sciatic nerve. We are sometimes alarmed at a complete paralysis of a sciatic or other nerve supply which occurs temporarily after certain violent manipulations to reduce an old dislocation or correct a malalignment of bones.

We know from X-ray studies that in the visceroptotic child the stomach occupies a much higher position in recumbency than in the erect position. At night we may conceive the vagi to have taken up slack as it were. The child eats a breakfast and the food filled organ descends several inches; the nerves must accommodate themselves to this new position and they may well have difficulty in so doing.

It seems to be a well-established fact that in certain cases showing the common faulty posture of extreme forward curve of the lumbar spine, called lordosis, albumin appears in the urine. This may be made to disappear when the posture alone is corrected, and may be reinduced by an assumption of the old position. This so-called lordotic albuminaria may well be connected with mechanical disturbance of the Sympathetic System, because of the abnormal vertebral attitude. Certain bladder disturbances also associated with faulty posture and visceroptosis are frequently relieved by simple correction of the posture.

The muscles of the viscera are involuntary muscles. We have no conscious direct control over them, but the action of skeletal muscles is subject to our volition. However, muscle tone is as necessary to our skeletal voluntary as to our visceral involuntary muscles. Sherrington[1], in an article on Postural Tonus, finds that this slight contraction of the muscles which is necessary to maintain our trunk and extremities in various positions of repose, but against the laws of gravity, is confined to those skeletal muscles which maintain the animal in the erect attitude. If the cerebrum or thinking portion of a cat's brain be removed, this reflex

1 Sherrington: Brain, Vol. xxxvii, part iii, p. 235.

tonus still exists in those muscles which are concerned in standing and in tightening the abdominal walls. In this decerebrated preparation one may modify the tonus in various ways. If the cat's head is placed in such a position as it would assume in looking under a shelf its front legs bend and the tension in the muscles of the hind quarters increases. If the head and neck be tilted up in the position of observing an object high up, the opposite phenomenon obtains. It may be made to even stand upright unsupported. Magnus & de Klein[1] have by other experiments also demonstrated that posture has a definite relation to tonus.

From the opposite point of view physiology suggests the most intimate connection between general debility or asthenia and digestive processes. Cannon has called attention to the fact that there is a most remarkable responsiveness to general lowered vitality. In animals suffering from distemper and in whom the muscles are relaxed and toneless, food will lie in the stomach and intestines all day. Rage, fright, anxiety, have the same general effect. These children whom we are discussing certainly give evidence of lowered vitality. We may question, if we will, which came first, the hen or the egg, but they both contain food for thought, and the one produces the other.

The Roentgenological studies of Dodd and Morrison[2] have noted the excursion of the diaphragm to be much less than normal in cases of visceroptosis. The costal angle is narrow, and the chest as well. Shallow breathing must represent imperfect aeration. Life insurance figures indicate that there is a close relation between the quality of the risk and the amount of possible chest expansion.

So much then for the anatomical and physiological and Roentgenological evidence that poor posture and the usually accompanying visceroptosis may bear some causal relation to poor health in children. It is very easy to bring forward a mass of clinical evidence, but this has been already well done by Brown and Talbot[3], Bryant and others. A sufficient number of post hoc's suggest strongly propter hoc's.

I wish this morning to state the conviction of twenty years' work that there is the most intimate connection between health and elimination. This must seem a distressingly trite statement, but conviction is also strong that far less attention is still paid to the matter than its importance deserves. The story of the famous and eminently successful Dutch physician is apropos. His practice was enormous and wonderfully efficient. He was supposed to have written the secrets of his success in a great book which he kept locked. At his death there was sharp rivalry as to who should ob-

1 Magnus & de Klein: Pfluger's Arch. 1921, Bd. cxiv., p. 455.
2 Dodd & Morrison: (Private communication).
3 Brown & Talbot: Amer. Jour. of Diseases of Children, April, 1921. Vol. xxi., pp. 347-356.

tain possession of the priceless manuscript. In the end a learned medical society purchased the locked treasure, and with public spirit appointed a day when it should be unlocked and its reading begun. The interested audience assembled. On the first page was written, "Keep your head cool", on the second page, "Keep your heart warm," and on the third page, "Keep the bowels open", and there was no more.

Daily bowel movement does not always mean complete evacuation. Frequent movements suggest imperfect elimination. Joint symptoms of a rheumatic nature, often in their early stages almost indistinguishable from an early tuberculosis, occur as a direct result of faulty elimination. Sir Arbuthnot Lane[1] may be extreme in his treatment, but he has sensed a truth. Reed[2] and others have shown that epileptic seizures may be of intestinal origin. We have had referred to us many cases of convulsion in children, in which even the family had associated sluggish bowels with the attacks and in which, after purely medical experts had failed, postural training, abdominal massage, perhaps in combination with retentive and supportive braces, have been followed by a cessation of the distressing complex. The same is true of certain cases of cyclic vomiting.

Another large class of cases is those in which, despite the efforts of most skillful pediatricians, there seems to be an inability to gain weight and an associated or threatened asthenia. The child may not be sick, but surely is not well. These cases respond in a sometimes remarkably satisfactory way to postural treatment. The nervous, intractable disposition becomes more stable, and weight increases.

It will probably be easier to illustrate good posture by photographs of it than by description, but we may perhaps write a legend underneath this picture, "Head up, chin in, chest raised, abdomen pulled in," and more important than all, "Lumbar spine flat." The shoulders and arms may be allowed to take care of themselves if these other requirement can be met.

Faulty posture illustrations need no legend. This boy (Figure 3) will grow up into an easily tired man with persistent indigestion, unless he is stimulated to correct his attitude in youth. Adults of this type are the common type found in sanitaria for tuberculosis.

How shall we cultivate and establish good posture?

First, by holding its image before the child in ourselves and counting upon the strength of the child's imitative impulses. By insisting upon certain periods of rest, especially after the food intake, in which the child's body is so placed in recumbency that the desired

1 Sir Arbuthnot Lane: Surg. Gyn. & Obstet., November, 1910.
2 Reed: Hourn, A. M. A., Vol. lxvi, 1916, p. 336.

standing positions are empnasized, perhaps exaggerated. Sometimes, by stimulating the action of the intestines by skillfully given abdominal massage. In certain cases, by aiding the child to hold up its viscera and maintain its proper spinal curves by temporary employment of light braces (Figure 4). The muscles and ligaments are thus enabled to take up slack and regain

Figure 3. *Visceroptotic child, with serious digestive symptoms and malnutrition.*
Figure 4. *Same child as figure* 3, *with light brace applied to correct faulty posture and lift abdominal viscera.*
Figure 5. *Same child as figures* 3 *and* 4, *taught to retain correct posture without a brace.*

their tone. By striving to strengthen these muscles and make habitual these attitudes by carefully supervised exercises, simple in character, few in number, but meticulous as to "form". By most careful regulation of diet and general pediatric control.

These rest periods and exercises must be carefully supervised else they will yield no results. They must be taken every day and preferably twice a day, in twenty minute or half hour periods, at times when the child is not fatigued by other exercise. The child must be actually taught, not shown—stimulated by example as well as by precept. With the younger children the exercise may be transformed into games and plays, and an older brother or sister may be made instructor without detriment to his own figure and health.

It is not an endless task. The physiological laws of postural tonus as we have seen earlier in this paper aid us at every turn. The exercises are not left in the gymnasium, but continued in walking and standing and sitting. Fortu-

nately we may inculcate good as well as bad habits. The laws of both are the same (Figure 5).

Now for the other side of the picture. From the earliest times the armies of conquering nations have been examples of good posture. Sculptors of all ages have vivified their subjects by making them sit and stand in these attitudes alike essential to true repose and poise and strength and alertness. Snapshot pictures of athletes straining at their tasks, calling forth unconsciously every last ounce of endurance, show perfect posture in every line.

Quite apart from the medical considerations, important and impressive as we believe them to be, this question of faulty posture cannot be lightly passed over. Today quite as much as ever before, perhaps more than ever before, the potential workers of the world, our children, must not only be educated to do their mental sums; to be physically and spiritually clean. They must be taught to embody these acquirements in their carriage, and to gain not alone good health, but that real and subtle thing called personal presence. In this there is no more important element than the impression of mental poise and of physical efficiency which good posture invariably conveys.

The Relation of Obstetrics to the Community*

Fred L. Adair, M. D., Minneapolis

THE mother is the most important individual member of society and because of the gradually diminishing supply, she is becoming relatively more important. She is the most important factor in perpetuating the human race. Economically, she is the most important member of the family group in maintaining the family economic unit. From a sociological standpoint, she is most influential in developing the growing individuals along the proper physical, intellectual, and moral lines. The importance of motherhood is coming to be more and more appreciated, not only from the standpoint of humanitarianism, but also from that of necessity. The suffering, disease, and death incident to child-bearing arouses our sympathy and the desire to reduce these to the minimum. The diminishing birthrate, especially among the more substantial and better classes of society, has its ultimate threat of race suicide. The main-

*Address given at the Twelfth Annual Meeting of The American Child Hygiene Association, New Haven, November 5, 1921.

tenance of the same or of a relatively or actually increased birthrate and survival of individuals among the more undesirable and weaker members of society, leads to the ultimate survival of the unfittest. These problems are giving rise in many countries to serious discussion as to the best means of conserving mothers and offspring.

The science and art of obstetrics deals with the problems of motherhood in all its phases. It is vitally concerned with problems of heredity, productivity and development, both ante- and postnatal. It considers those questions in their normal relations and in their variations from the normal. If the foregoing remarks are true, as I think most of you will admit, obstetrics should be a most vital concern of the community. Thus far the community has not fully realized and accepted its responsibility for the proper development of the obstetric art and science. The development of this science requires great effort not only on the part of those directly engaged in its study, but also by those who must directly or indirectly support this work. Investigation, teaching, and the necessary institutions must be supported by the community. These institutions include those necessary for the proper carrying on of research, and those which are necessary for the proper education of parents and prospective parents, social workers of various kinds, and especially those for nurses, midwives, and doctors. We must include institutions for the care of individuals who need such care, in order to prevent the spread and transmission of disease, to cure disease, to decrease fatalities, and to provide appropriate care for prospective mothers, mothers, and offspring. While this means a large debit in the public budget, a very considerable credit could also be shown by the reduction of mortality and morbidity which should result in eliminating a large number of dependents to be maintained in the various institutions, such as those provided for the care of the sick, dependent and defective.

HIGH MATERNAL MORTALITY

The possible decadence of the human race, especially of the more highly developed nations, is being seriously discussed by certain scientists, and, owing to certain factors which are more complex in our highly developed society, these questions merit some consideration. If they have any basis, means should be considered to postpone or avert the ultimate disaster. These questions are related to many questions of public policy and should be carefully considered by statesmen. As physicians and workers dealing with obstetrical problems, we are vitally interested in schemes of maternal welfare.

The prime objects in the practice of obstetrics are the preservation of life and health of the mother

and the newborn. Is the health of mothers unnecessarily impaired as a result of childbearing? Are lives unnecessarily lost? According to general statistics on maternal mortality for 1919, the United States occupied seventeenth place with a mortality of 7.4 per 1000 births, as against a mortality rate of less than 3 for Italy, Norway, and Sweden for 1915. The death rate in the registration area of the United States from puerperal infection alone practically equals the total maternal death rate in Italy, Norway, and Sweden. The death rate of 7.4 includes those due to "flu". The statistical bulletin of the Metropolitan Life Insurance Company found that the higher death rate incident to childbirth in 1920 was mostly due to recurrence of the influenza epidemic.

CAUSES OF DEATH

In 1918, the death rate for septicemia was 7.3 per 100,000 population. In 1920 it was 8.4. For the first seven months of 1921, it was 8.7. The death rate from albuminuria and convulsions was 4.9. For the first seven months of 1921, it was 4.7. In the state of Minnesota in 1908, puerperal deaths were 5.7 per 1,000 births. 2.6 per 1,000 were due to puerperal sepsis. In 1918, the total puerperal deaths were 7.8 per 1.000 births. Excluding deaths from influenza, the rate was 4.7. The rate from puerperal sepsis was 2.1 per 1,000 births in 1919. In 1919, the death rate from all puerperal causes was 6.9. Excluding influenza, the death rate from puerperal causes was 4.9. Deaths from puerperal sepsis in 1919 were 1.9. In 1920, puerperal deaths were 6.2, 2.6 were from puerperal sepsis.

Comparing the Minnesota figures with those of the registration area of the United States, excluding the "flu", it is apparent that maternal mortality is higher than it really should be by approximately 2 per 1,000. This reduction would bring the maternal mortality rate for the United States registration area up to fourteenth place. The death rate from puerperal infection in Minnesota was somewhat lower than that for the registration area. In 1918, it was 2.1 as compared with 2.6 for the registration area. In 1919, the death rates were 1.9 and 2.5 respectively.

Deaths Due to Puerperal Sepsis

	1915	1916	1917	1918	1919
General Registration Area	2.4	2.5	2.7	2.6	2.5
Minneapolis	.66	1.5	.22	1.00	2.5
Minnesota	1.8	2.1	2.4	2.1	1.9

Porter reports 4,000 cases with four maternal deaths. Three of these were from eclampsia and one from hepatitis. There were none from puerperal septicemia.

Beck, in 4500 consecutive cases, had a maternal mortality of .15 per cent. The total mortality rate was 1.5 per 1,000 births.

In the Los Angeles Maternity Health Service, in a total of 1514

deliveries in four years, there were four maternal deaths, all from "flu". In our small Prenatal series in Minneapolis, covering a period of two years for which we have accurate information on 338 cases, there were two maternal deaths, neither the result of infection.

THE COMMUNITY MUST PAY

The Metropolitan Life Insurance Company shows that 42 per cent of maternal deaths are due to septicemia and 26 per cent to toxemia and eclampsia. In England, Sir Arthur Newsholme found puerperal sepsis to be 31.7 per cent, and toxemia 21.6 per cent. With proper supervision and care it should be possible to reduce the maternal mortality rate to between one and two per 1,000 births, which would mean a saving of at least three-fourths of the maternal lives now lost. These results can only be accomplished by educating the laity to the necessity for proper supervision during pregnancy and preparation for confinement and the supplying of appropriate care by trained attendants. This means that the community must pay for the proper education and training of these attendants in sufficient numbers to meet the need. Medical education is expensive and these expenses must be met by the public in some way or another; and these individuals must be properly compensated for their services to the community.

The study of expenditures of 82 medical colleges in 1913 and 1914 revealed the fact that the cost per student for one one year was $419. Only a portion of this is met by the fee for tuition. It is probable that the cost is considerably more at the present time. In the medical school of the University of Minnesota, including the cost of maintaining a teaching hospital, the expense per student is over $700 per year. Of course, all of this cannot be charged to obstetrical education, which is only a part of the training; nor does the medical school include all the expense required for necessary obstetrical training. The medical attendant is only one of a number of individuals necessary for the proper carrying on of this work. In 1921, there were 3191 graduates from medical schools, as against 5747 in 1904. The number of medical schools has been reduced from 162 to 82. This may bring up the question of a possible shortage of physicians. An examination of the census returns and the number of physicians at present in the United States, shows that there is one to every 726 people. The demand for more physicians is made from the rural communities and not from the cities. There is apparently an adequate number of physicians but they are not properly distributed. The community is vitally interested, not only in the proper training of the necessary attendants, but it must also solve the problem of distribution if the best results are to be

accomplished. The question of distribution most vitally affects rural communities. This matter was taken up in more detail in the round table discussion of Rural Obstetrics, soon to be published.

In a recent article by Doctor Holmes it was pointed out that there has been little if any improvement in maternal and neonatal mortality in institutions in the past one hundred years, whereas the results in the homes were considerably better. This would call for more careful study, including inspection, support and control of institutions giving maternal care. To my mind, these statistics have another possible interpretation which may or may not be correct, namely, that relatively more abnormal cases are taken into institutions than was formerly the case, thus increasing institutional mortality and diminishing it in the home. We all recognize, however, that maternity hospitals are woefully inadequate to meet the needs and that they are improperly conducted in many instances. This again is a community responsibility and the cost must be met in one way or another by the community.

VENEREAL DISEASE

The proper prevention and treatment of venereal disease in association with pregnancy is extremely important, especially for the welfare of the offspring. It requires supervision of the woman early in pregnancy with diagnosis and the institution of treatment. Williams recognizes that in his locality, 26 per cent of the fetal deaths are caused by syphilis. He found that the number of stillbirths of syphilitic mothers could be reduced from 52 per cent in cases without treatment to 7.4 per cent in those with treatment.

Veeder in his work found that the ultimate results of treatment of congenital syphilis were far from satisfactory, but that the earlier appropriate treatment was instituted, the better the result. Pregnancy in syphilitic families was most unsatisfactory and led to a considerable percentage of abortions, stillbirths, and living births of which only one in ten are permanently free from syphilis.

Veeder in a personal communication on syphilis, stated that in a study of 396 syphilitic families, there was a total of 1763 pregnancies, an average of 3.7 per family. There were 1445 living births and 318 miscarriages and stillbirths. There were 149 families with no pregnancies. Of 197 cases of infantile syphilis, 128 were seen under three months; of these 60 were dead and 51 died during the first year.

In a communication from the superintendent of the State School for the Blind in Minnesota it was stated that 25 per cent of the blind in the lues as against 5 per cent of blindness caused by ophthalmia neona- institution give a history of familial

torum. This emphasizes the importance of prophylaxis and treatment of venereal disease, preferably prior to or very early in pregnancy.

In the first eight months of the current year in the Division of Venereal Diseases of the Minnesota State Board of Health, out of 3302 total cases of syphilis, there were 97 cases of congenital lues reported.

PRENATAL CARE

Control of toxemias is very important in the reduction of maternal and infant mortality. This can be accomplished only by early and careful supervision during pregnancy. In our prenatal work in Minneapolis, we have been able to see less than 12 per cent of our patients in the first trimester. 39 per cent reported in the second trimester and about 48 per cent after the seventh month. The establishment of necessary centers to educate and supervise these patients is a matter of community interest and responsibility.

We will pass over the necessity for decreasing the amount of sterility, the prophylaxis and treatment of abortion, with the insistence that society is responsible for conditions bringing about these results.

Premature births make up a very considerable percentage of neonatal deaths. In a report by Ingraham from the Woman's Hospital of New York, it is stated that of 3000 deliveries, fetal mortality was 4.6 or 138 cases. 69 or 49.2 were stillbirths. Birth trauma caused 38 and toxemia 18. He recognizes that the two great causes of fetal death are toxemia and prematurity. Lobenstine estimates that it is within reason to expect a reduction of from 30 to 35 per cent in deaths under one month, a material decrease in the number of stillbirths, and a reduction of 25 per cent in the number of premature births.

The following table gives an idea of the incidence of stillbirths in Minneapolis and Minnesota.

Stillbirth Rates

	Minneapolis	Minnesota
1915	3.5	2.91
1916	3.9	3.05
1917	3.4	2.94
1918	3.5	3.20
1919	3.9	2.86

In certain hospitals in Minneapolis covering a two year period (1918-1920) there were 2406 living births with 101 stillbirths, giving an incidence of stillbirths of 4.2 which has seemed higher than that of Minneapolis and the State at large. In 1921 cases occurring in three of these hospitals there were 39 neonatal deaths which is about 2 per cent. This gives a stillbirth and neonatal death rate of 6.3 which is about equal to the infant mortality rate in Minnesota. It is quite apparent in comparing the stillbirth rate and neonatal rate with infant mortality where the large gain in saving infant life is to be made. How much this could be re-

duced is problematical but the mortality could and should be very materially reduced. Not enough attention is paid to stillbirths in vital statistics and it might be advisable to have both stillbirths and neonatal deaths tabulated and reported as such.

Numerous statistics could be cited to bring out various points of importance. We must recognize that conditions surrounding obstetric teaching are much better than they were a few years ago. Much has been done, especially in some quarters, to improve maternal care. Much more can and will be done, but the community must realize the necessity for better maternity service and be willing to pay the cost. It should be borne in mind that from a sociologic and economic standpoint it is a safe and sound investment yielding definite returns. The maternal mortality and morbidity should be reduced to less than one-half of its present rate, saving 10,000 or more lives annually, having a value of at least $50,000,000. This does not take into account the partial and complete disability resulting from the morbidity. Probably 50 per cent of the gynecologic operations are necessitated by conditions incident to childbearing. A large percentage of these are preventable.

The percentage of sterility can be reduced largely by control of venereal disease and prevention of puerperal infection. The number of premature terminations of pregnancy can be greatly reduced by proper supervision of pregnant women, by control of criminal operations, and prevention of venereal disease. The number of stillbirths could be reduced over 40 per cent by control and treatment of syphilis associated with adequate prenatal and parturient care. Neonatal deaths (under fourteen days) could be reduced probably 75 per cent with proper antenatal care and with treatment of maternal diseases, prevention of premature labors, practice of safe and sane obstetrics and proper attention to the newborn infant including avoidance of refrigeration, isolation, infection, dehydrative hemorrhages, and proper attention to the natural and scientific feeding of the newborn infant.

Maternal mortality and morbidity can be greatly reduced by the practice of safe and sane obstetrics associated with careful supervision of mothers during pregnancy with the treatment of venereal disease, tuberculosis, and other infections; by the early recognition of the toxemias of pregnancy; by the diagnosis of pathological obstetrical conditions including abnormal pelves and malpresentation; by cleanliness during and subsequent to confinement.

The community must realize the necessity for the proper training of those who are to carry on this work and be willing to pay the cost. The workers must appreciate their opportunities and assume their obligations to society.

The Dispensary on Wheels.

Rural Child Welfare Work

. E. McClelland, M. D., Clinic Physician

DURING the summer of 1920 the "Babies' Special", *directed by the Babies' Dispensary and Hospital of Cleveland undertook to do rural child welfare work in Cuyahoga County, Ohio. The work was begun June 1st and continued to October 1st. A well-equipped babies' dispensary was housed in a one and a half ton truck with specially designed body. The equipment, in addition to desk and examining table, consisted of large scales with measuring rod for weighing and measuring children, small balance scales for weighing babies, home-made icebox, samples and patterns of babies' clothes, nursing bottles, and pasteurizing outfits. A water tank provided running water for the wash basin. The storage battery furnished electric light for the dispensary. Folding tents on each side of the truck provided waiting and dressing rooms for mothers and children.

*[The Auto-Clinic was originally donated by Mr. and Mrs. A. S. Chisholm, who presented it to the Committee at Cleveland. After the dissolution of this Committee the truck reverted to Mrs. A. S. Chisholm, who presented it to the Babies' Dispensary and Hospital of Cleveland. The Babies' Special has been on duty during the summer of 1921, thanks to the continued generosity of Mrs. Windsor T. White.]

Cost of Operating the "Special"
From June 1st to October 1st, 1920

Salary—Doctor	$750.00
Salary—Nurse	700.00
Auto up-keep	267.95
Repairs and moving truck	107.01
Equipment, supplies	61.28
Miscellaneous	23.56
Carfare, telephones, postage	28.52
Cleaning and laundry	13.00
Total	$1,951.32

The work was in charge of a committee of ladies, consisting of Mrs. F. C. Newcomer, Chairman; Mrs. Alva Bradley and Mrs. John Rust, assisted by the superintendent of Nurses, Miss Margaret H. Hope. This Committee arranged for publicity, meeting places, local committees and other details.

The clinic staff consisted of a nurse and a doctor. The nurse spent her entire time, when not assisting in the clinics, in lecturing, making home visits, and enlisting the aid and sympathy of local organizations, especially Mothers' Clubs.

According to a pre-arranged schedule, clinics were held two or three afternoons a week, beginning at two o'clock and lasting until all the patients had been seen. On some days the patients were brought in automobiles to and from the clinic. The county nurses, of whom there were three, assisted the "Babies' Special" nurse in bringing in babies, and in the follow-up work.

No attempt was made to conduct an intensive publicity campaign. It was not desired to have mothers feel that they were being coerced to bring in their babies and children. Advance announcements were made in the churches and in Mothers' Clubs. A few posters were placed in stores, and notices were put in the local press. Postal cards were sent to mothers who once attended, advising them of return dates.

METHOD OF WORK

Ten towns were visited and return visits were made every month in nine of these. The truck remained in a town from two to three days at each visit, and one or two clinics were held, depending on the size of the town, and on the response obtained. Infants and children up to the school age were admitted. The response varied considerably and not always in direct proportion to the population of the community. An active head of a well-organized Mothers' Club could stimulate the greatest interest in the clinics, and could secure the best attendance.

When parents could afford the services of a private physician, every effort was made to cooperate with the family physician, and to notify him of the findings. In some places the local physicians received us cordially, referred patients for examination, and asked permission, which was always given, to read over our histories and records of physical examinations. In other places the local

physicians appeared less enthusiastic, and in a few instances, distinctly hostile.

When indicated, feeding formulae were prescribed for infants under one year of age, and the nurse demonstrated to the mother the method of modification. A few very difficult feeding cases were referred to the Babies' Dispensary and Hospital for special formulae and instructions. For older children the printed diet slips (used in the Babies' Dispensary and Hospital of Cleveland) were given out. An educational pamphlet entitled "The Care of the Baby," published in 1917, by the U. S. Public Health Service, was also distributed.

Each child was given a complete physical examination, and the parents advised regarding the defects found. Records were kept on the printed forms used in the Child Hygiene Bureau of the Cleveland Health Department.

Fifty-one clinics were held during the four months. The children examined numbered 480, and the total attendance was 623, or an average attendance of over 12. Of the 480 babies and children examined, 288, or 60 per cent, were found to have defects which had already impaired health, or were likely to cause some serious impairment at a future date. These figures we regard as quite conservative, as many minor defects were not recorded.

The prevalent idea that the fresh air and wholesome living conditions in the country insure a healthy childhood, and that the congestion, dirt, impure air, and increased exposure to disease in the city must be responsible for unhealthy children, cannot be accepted without reservations. With the possible exception of tuberculosis and contagious diseases, the children in the rural districts probably suffer from ailments and defects quite similar in their nature, and quite as common in their prevalence, as those affecting their city cousins.

On the other hand, the city children have had numerous advantages to offset their unhygienic surroundings. We have the prophylactic dispensaries for the babies, the medical inspection for the children in the schools, not to mention the hospital facilities, numerous dispensaries, dental clinics, fresh air camps, nurseries and the efficient services of Boards of Health. For many years parents in the cities have been taught the necessity of guarding the health and lives of their children, by having defects corrected, and potential sources of danger remedied before the inroads are made and the health of the child seriously undermined. There has been very little health education in the country, and it is one of our aims to demonstrate by our statistics that there is really a great need for this educational work in the country districts.

The case records have been care-

fully reviewed, and tables compiled to show the nature of the defects found and their frequency. Other tables have been prepared to show that the majority of these defects are wholly preventable, and that a goodly proportion of the remainder are at least partly preventable, and finally that only a very small percentage are both non-preventable and incurable.

Table I.—Defects Found

1. Improper feeding in infants under one year	26
2. Malnutrition (pre-school age):	
a Primary (nutritional)	61
b Secondary (post-infectious)	64
3. Mouth Hygiene:	
a Dental caries	58
b Hypertrophied tonsils	70
c Enlarged anterior cervical glands	58
d Stomatitis	1
4 Nutritional Diseases:	
a Rickets (under two years)	36
b Rickets (over two years)	24
c Pylorospasm	2
d Dyspepsia	7
e Decomposition	1
f Exudative Diathesis	10
5. Tuberculosis	3
6. Syphilis	1
7. Skin diseases	10
8. Acute infections	9
9. Contagious diseases	2
10. Orthopedic defects	11
11. Congenital defects	13
12. Endocrine Disturbances	15
13. Neuropsychiatric	11
14. Miscellaneous	11

This table shows our classification and also the frequency with which the various defects were encountered. Attention is called first to the large number of cases of mal-nutrition encountered, both primary nutritional, and secondary post-infectious. This was indeed surprising, as we are prone to think that the wholesome food, abundance of fresh air, and the lack of congested living conditions in the country should make it very difficult to find a case of malnutrition; secondly, to the large number of cases of defective mouth hygiene, emphasizing the need of establishing rural dental clinics; thirdly, to the cases listed under the head of nutritional diseases, especially the incidence of rickets.

In the care of infants in the rural districts several important points were discovered. Many of the babies enjoyed the advantage of breast feeding, but frequently for much too long a period—often to the age of fifteen or eighteen months. Of course, supplementary feedings were usually begun at about twelve months, but these were often inadequate, and not properly prepared, or selected. When the baby was weaned in the early months, for one cause or another, usually because the mother thought that the maternal milk did not agree, it was a common history to find that condensed milk was the artificial food used. Paradoxical as it may seem, many of the mothers showed that it is quite difficult in the country villages to obtain a fresh, clean, cow's milk suitable for baby feeding. At times it was quite perplexing to know just how to advise these mothers.

The summer of 1920 was quite cool for this locality, and the incidence of acute gastro-intestinal diseases was very low in the city as well as in the country. Our statistics show that tuberculosis was infrequently encountered, likewise syphilis, though many of these would doubtless have been discovered if Wassermann and Pirquet tests could have been made routinely. The small number of cases of communicable diseases was probably due to the fact that this work was done during the summer when the schools were closed.

Further analysis of the figures in Table I shows that a large number of these defects, 235 or 46.6 per cent, are wholly preventable. Among these are the cases of improper feeding, the children suffering from simple malnutrition, those with dental caries, those with rickets, and many of those with skin diseases, or simple goitres.

Of the remaining defects we find that many are certainly at least partially preventable, 231, or 45.8 per cent. Among these we might mention the cases of malnutrition secondary to infections, hypertrophied tonsils and enlarged anterior cervical glands; tuberculosis and certain acute infections; contagious diseases; orthopedic defects.

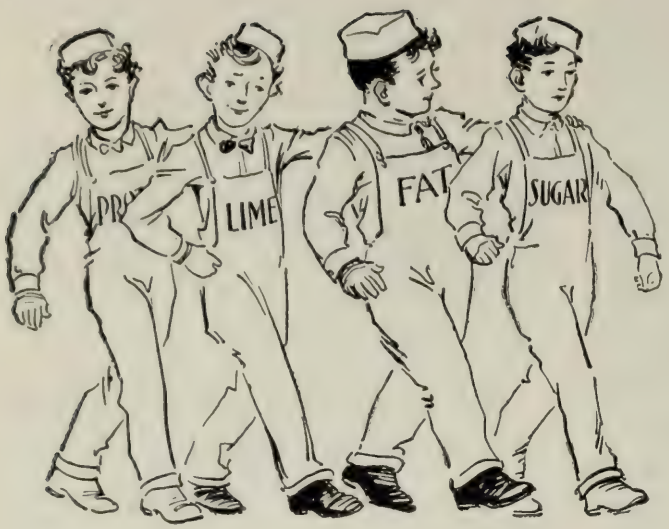
There remains then only a small percentage of the defects that can be classified as essentially non-preventable, 26, or 5.1 per cent, and these are chiefly the congenital defects (congenital heart disease, hernias, hare-lip and so forth) and some cases of mental deficiency such as Mongolian imbecility.

Table II.—Summary

Total defects		504
Wholly preventable	235	45.6 per cent.
Partly preventable	231	45.8 per cent.
Non-preventable	38	7.6 per cent.
a Curable	12	
b Incurable	26	

We have tried to show that there is a real need for child welfare work in the rural districts. The physical defects in these children should be found and corrected if they are to grow up to be healthy men and women. Parents must be educated to realize the importance of preventive medicine, and to make demands for the institution of facilities for the care of their children. We feel that we have been able to demonstrate that part of the need can be supplied by the method we have described, at least until agencies of a more permanent character can be organized and supported.

Our report is presented to show the number of children in the rural districts of Cuyahoga County, Ohio, found to have serious physical defects, and to emphasize the importance of giving these children adequate medical care. During the summer of 1921 the Babies' Special was again in the field and the records of that period confirm the findings of the demonstrations of 1920.



Parading

Grace

Child Health Orga

WHEN people are particularly happy or sad, they go in procession. The parade idea is a part of the tradition of every age and nation. To little boys and girls in Babylon, five thousand years ago, banners and trumpets called up the vision of marching feet just as surely as do the toy drums and flags of today. And grown-ups, then and now, cannot visualize wars or festivals or political campaigns without conjuring up the thought of color and music and pageantry.

Victor Hugo once said: "There is one thing that is greater than armies and that is an idea whose time has come." And just as armies march to war, so do ideas march into the minds of the people. To actually express an idea pictorially in a parade is perhaps the best way to appeal to people's imaginations, and to take their sympathies by storm. During the spring and summer, the dramatization of health habits for children has several times been successfully presented in parades.

A MILK PARADE

In Hudson County, New Jersey, an effective parade was held in connection with Milk Week, in August. Miss Isabel L. Taylor, Assistant Headworker of Whittier House, Jersey City, writes: "There were floats, and about fifty vehicles in the parade, consisting of milk trucks and wagons, decorated by the milk companies. The floats represented the Bayonne Child Welfare Station, the Jersey City Child Welfare Stations, Whittier House, West New

*These costumes were adapted from the illustrations to "The King of Foods," one of the plays in

or Health

llock

zation of America

York Day Nursery, and West Hoboken Child Welfare.....In Jersey City the procession went through the poorest districts of the city, and drew attention to Milk Week and to health as nothing else would have. All along the line of march at the windows of the tenements, and at the sides of the streets, were mothers and children who needed to have the health message brought to them.

THE CENT-A-DRINK FLOAT

"For five years Whittier House has sold milk to children at a penny a cup. This custom has become so well known in Jersey City that the milk drinks for children at Whittier House have been nicknamed 'Cent-a-Drinks.'

"On the Cent-a-Drink float was printed in large yellow letters on each side the words, 'The Cream of Jersey City. We drink Cent-a-Drink.' The float was boat-shaped and on the sail was printed 'Whittier House Cent-a-Drink Milk.'

"In the 'boat' were Miss Clara Ames, director of the Health Center, representing the Spirit of Milk, a herald, and twenty children, ten on each side, facing the sidewalks. The Spirit of Milk wore a white cheese cloth dress over which there was a yellow tunic with a large cloth milk bottle on it.* The herald also wore a yellow tunic with a white milk bottle on it, and carried a golden horn.

"The children wore hats made from paper bags, to represent paper drinking cups. These were so folded that the resemblance was

alth Plays for School Children," published by the Child Health Organization of America.

very good. On each cap was the word 'Cent-a-Drink.' The children also carried yellow balloons.

"The boys and girls selected for this float were habitual 'cent a drinkers,' and were all of them healthy specimens. To ride in the parade was considered a great honor, and a reward for playing 'the rules of the health game,' which are emphasized in the nutrition class."

THE MARCH OF IDEAS

The very close association in people's minds between processions and the drama of the emotions makes a parade one of the best mediums for conveying the facts of which new ideas are born. Modern psychology has taken the triumphal march that in ancient Rome meant the glorification of a single man or nation, and has proved how quickly it can fire the imagination for a cause or a new idea.

A little boy running after the chariot of Caesar in 55 B. C. would think only of the greatness of Caesar, as he was supposed to do, but if that same little boy could have stood at Forty-second street and Fifth avenue, New York, last April, watching the Boys' Loyalty parade, he would have thought not of the greatness of the New York Rotary Club that arranged it, nor of the boys who marched in it, but only of how perfectly wonderful it is after all to be a boy today.

Shall we let him stand there for a while, that little Roman boy, in his white tunic and sandaled feet? He is just in time for down the street comes the jolliest part of the whole parade. He has seen strange things before, mummers in the streets at carnival time, swift masked dancers in religious festival processions, but never before has he seen animated vegetables and fruits arm in arm.

Because he is such a little boy, and all alone, you and I will stand, one on either side, and tell him about it. "First of all, there is an organization in America that knows that boys and girls learn facts about health much more quickly if they are made interesting. So in this parade the organization decided to dress up boys to take the parts of the things that are good and bad for children's health. The tall, white smiling-faced creature is Milk Bottle, and he is lashing Teapot and Coffeepot with a cat-'o-nine tails made of tiny milk bottles. Your cheeks are red, because you know Milk Bottle so well, and have never before met Teapot and Coffeepot, two of the enemies of children in America. At the head of them all, in that white and gold chariot, rides Judge Scales, who tells you just what a child should weigh for his height and age.

THE ANIMATED FOODS

"Now, here comes Brown Bread (doesn't he look good?) and Water, that you love to drink when the dust of the Appian Way gets in

your throat, but that you *should* drink much more often. You don't know Oatmeal, who comes next, arm in arm with Double Boiler, but he is very good for children to eat at breakfast with milk and sugar.

"The gay gentlemen who are your good friends, as the sign tells you, whether you have been introduced to them before or not, are the green vegetables: Pat Spinach, Bill Beet, Henry Pea, Charlie Carrot, Sam Bean, Robert Onion and Tom Celery. And here are three jolly companions, Egg and Apple and Orange, rolling down the avenue with a smile for every child who loves them.

"To be healthy, you must be clean, as well as eat the proper food and so Soap and Bath-tub and Tooth-brush come next to remind you of the things you must do to have a clean body. The boy in night clothes with his head in a window frame, tells you to sleep long hours with your windows open.

"Isn't that a fine way to let you know what you must eat and do to keep well! Perhaps now you won't have to spend any time in the Temple of Aesculapius, away from the fresh air and sunlight, for having eaten green fruit or rich cake. Now then, here's a wee paper milk bottle and a green balloon with 'Drink Milk' on it, like the ones all the boys are carrying, and perhaps you'd better run along and tell your little sister all about it."

Dr. Holt, president of the board of trustees of the Child Health Organization, said in commenting on the health division of the parade:

"The brass band which heads the procession catches the interest and prepares the child's mind for the simple fundamentals of health habits. Proper food becomes much more attractive to the child if he has laughed at Pat Spinach or Bill Beet. The importance of milk is impressed when an animated milk bottle as humorous as a circus clown chases Tea and Coffee, Evil Spirits of Child Health, down the street."

MOTHER AND CHILD

A Magazine Concerned With Their Health

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JANUARY, 1922

Extra Dividends in Health Education

Ten years ago the Metropolitan Life Insurance Company began a systematic plan of health education among the policyholders of its Industrial Department. Today over thirteen million men, women and children of the wage-earning population are receiving this company's service in health education. Sufficient time has elapsed to make comparisons and draw conclusions as to the effectiveness of this public health work as an economic as well as a social measure. The results are almost astonishing. To quote the bulletin issued by the statistical department of this insurance company:

"At the end of ten years the death rate has been reduced more than one-fifth. A total of 38,000 fewer deaths occurred in 1920 than if the 1911 mortality rate had prevailed.

"But, there is an even more instructive measure of the value of public health work than the reduction of the death rate. It is the added duration of life of the insured groups as measured by life tables. At the beginning of the campaign, white males at age 10 could expect to live 45.6 additional years. At the end of the decade this expectation was increased to 49.5 years. This means a clear gain of nearly four years for every insured white male. There is no record of a like increase in the life span, within so short a period, in the whole literature of public health work." (Statis. Bul. Met. Life Ins. Co., Vol II, No. 9.)

Figures such as these are the most effective argument for pushing forward the work of this Association. In these days when public economy is a paramount issue, it is important to spread broadcast the proof that failure of a city or state or nation to extend health education in the interest of economy would be as wasteful and ruinous as the practice of a manufacturer who allowed his machinery to rust or be neglected rather than pay for its upkeep and repairs. We can easily agree with the Metropolitan Insurance Company conclusions

Cumulative Index to Volume Two of Mother and Child may be obtained from the Association's Office on request.

that "these figures are after all the ultimate test of the value of health work. They show at a glance what the effects are in terms of a lengthened life-span. A year added to the duration of life of every person at age 10 is a very tangible addition to the assets of a country; for the ages beyond 10 are years of productivity. In connection with insured white males, the increase is virtually four years per person. If such an increase in expectation of life could be made general for the entire white male population of the United States, the gain to the present generation in this country would be stupendous."

Mother and Child Health Talks

A NEW DEPARTMENT

Mother and Child was originally planned as a medium of communication between professional child hygiene and child welfare workers in order to supply a very apparent need. Its success surpassed the expectations of its founders and before long many persons not professionally interested in child hygiene work began to notice it and to praise it. Its readers grew rapidly, and with new readers a new demand was created, a demand for personal information regarding child care—the kind of thing any mother and nurse could read with profit and possibly with pleasure. This demand at last became almost insistent, and yet the Editors hesitated. They hesitated because so much that is interesting but not true has been written on the various aspects of child care by writers who did not know their subjects, and so much that was true but dull by writers who knew what they were writing about but could not write it. To find authorities in various lines of child care, who could write articles with real authority, which would be at once readable and understandable by anyone—that was the problem. It was not an easy problem, but we now think that we have solved it. In the next issue will appear the first of a series of articles on Child Care, every article to be written by a nation-wide authority on his special subject. No such unique collection of fundamental statements written in popular language has ever been assembled before, because many of these contributions would be sought for in vain by commercial publications.

Mother and Child Health Talks present the problems of the individual child and attempts to solve them by the most modern and approved methods. They will speak simply, and yet with the force of professional authority, and will constitute an epochal addition to our present day knowledge of the hygienic care of infants and children.

Greetings from the President of the American Child Hygiene Association

The following letter was received on October 30, by Mr. J. Dwight Dana, chairman of the Committee on Publicity for the Twelfth Annual Meeting of the Association:

You have advised me that the annual meeting the American Child Hygiene Association is to be held in New Haven from November 2nd to 5th inclusive, and I take pleasure in writing to express the keen interest I take in the affairs of the Association, and my hope that the annual meeting this year will be the most successful that has ever been held by the Association in the twelve years of its existence.

The work which the American Child Hygiene Association has done and is doing is, in my opinion, of very far reaching importance and it is hard to over-emphasize the beneficial results which will follow both directly and indirectly from the growing activities of this organization.

It is only because I fully believe in the need of an association of this kind, and in the great good which it can accomplish, that I consented to accept the Presidency of the Association for the coming year.

With renewed assurances of my deep interest in the work of the Association, I am

Yours faithfully,

(Signed) HERBERT HOOVER.

Workings of the New Maternity and Infancy Law

Facts of Interest About the Sheppard-Towner Act, of December 23, 1921, for the Promotion of the Welfare and Hygiene of Maternity and Infancy.

How the States may secure the benefits of the Act.

(1) The State Legislature must or the Governor may for a period limited to 6 months after the adjournment of the first regular session of the passage of the Act

(a) Accept the provisions of the Act.

(b) Designate a State agency with which the Children's Bureau is to cooperate in carrying out the purposes of the Act. In any State having a Child Welfare or Child Hygiene Division in its Health Department or Board, that division must be designated.

(2) The Child Hygiene or Child Welfare Division of the Department of Health or other designated agency must—

(a) Submit detailed plans for carrying out the provisions of the Act within the State to the Children's Bureau for approval by the Federal Board of Maternity and Infant Hygiene. Section 8 of the Act provides that if the plans submitted by a State are in conformity with the provisions of this Act and reasonably appropriate and adequate to its purposes they shall be approved by the Board.

(b) Make such reports to the Children's Bureau concerning its operations and expenditures for the purposes of the Act as shall be prescribed or requested by the Bureau.

What the Benefits of the Act are.

(1) Funds available.

(a) For the fiscal year ending June 30, 1922,..$1,480,000

To be equally apportioned among the States and granted outright to States accepting the provisions of the Act. 480,000

To be apportioned to the States if matched dollar for dollar by State appropriations, $5,000 to each State,..... 240,000

To be apportioned to the States if matched dollar for dollar by State appropriations in the proportion which their population bears to the total population of the States of the United States... 710,000

For Federal administration, not to exceed.... 50,000

(b) For each of five years after June 30, 1922.. 1,240,000

Of this amount, $240,000 is to be equally apportioned among the States and granted outright, and the remaining items are the same as authorized for 1922.

(2) Prohibitions as to use of funds. May not be applied to the purchase, erection, preservation, or repair of any building or buildings or equipment, nor for the purchase or rental of any buildings or lands, nor for the payment of any maternity or infancy pension, stipend or gratuity.

Powers and Duties of the Children's Bureau under the Act.

(1) To cooperate with the agency designated by the several States.

(2) To make such studies, investigations and reports as will promote the efficient administration of the Act.

(3) To certify to the Secretary of the Treasury of the United States and to the Treasurers of the States the amount which has been apportioned to each State for the fiscal year.

(4) To carry on the general administration of the Act.

The Federal Board of Maternity and Infant Hygiene.

(1) Membership—Chief of the Children's Bureau, Surgeon General of the U. S. Public Health Service and U. S. Commissioner of Education.

(2) Chairman—to be elected by the Board.

(3) Powers—

(a) To approve or disapprove plans submitted by the States.

(b) To withhold further certification of Federal funds to a State if the money is not properly expended. A State may appeal from the decision of the Board to the President of the United States.

The Day's Work

ILLINOIS BIRTH REGISTRATION

Plans for the better enforcement of the Illinois vital statistics laws are being made by the State registrar of vital statistics. The laws require births to be reported completely and promptly, but inadequate enforcement in twenty-nine counties out of the one hundred and two in the State now keep Illinois out of the birth registration area. Efforts to enforce the laws will be concentrated upon these twenty-nine counties and, if it is necessary in order to secure complete reports, prosecution of offenders against the law will be instituted. (*Journal of the American Medical Association. October,* 1921.)

TO REDUCE MORTALITY

A campaign to reduce maternal and infant mortality in Montana is being instituted by the State Board of Health and the State Medical Association, with the assistance of the State Federation of Women's Clubs. According to statistics, the maternal mortality is 11.8 per 1,000 living births, and in 1920, seventy-one of every 1,000 babies died before reaching the age of one year.

COURSES IN HOME ECONOMICS

Dr. Florence Brown Sherbon, formerly Director of Child Hygiene of the Kansas State Board of Health, is now teaching in the Department of Home Economics inthe University of Kansas. Her courses embrace Child Development and Child Care, Health of the Family and Home Care of the Sick. An educational bulletin, by Doctor Sherbon, on prenatal and child care is to be published in the near future.

OKLAHOMA'S CONFERENCE

In the annual report of Jules Schevitz, submitted to the fourth annual Oklahoma State Public Health Conference held in Oklahoma City October 11 and 12, 1921, the Eighth Legislature was severely criticised for its failure to pass the bill providing for a bureau of Child Hygiene in the State Department of Health. Mr. Schevitz charges that "political chicanery was the cause of the failure of passage". He also blames the Legislature for failure to provide adequate funds for tuberculosis sanatoria in the state. The conference was conducted under the joint auspices of the Oklahoma Public Health Association and the State Department of Health. Among the speakers who addressed the Conference were Dr. Charles J. Hatfield, Managing Director of the National Tuberculosis Association; John A. Lapp, editor of the Nation's Health; Colonel Hugh Scott, of the United States Public Health Service, and Miss Harriet L. Leete, Field Director of the American Child Hygiene Association.

NEW USES FOR MENTAL TESTS

A comprehensive program of psychological examinations has been developed in the public schools of Detroit under the direction of Professor Charles S. Berry, of the University of Michigan. Various group tests of general intelligence have been applied to all children in the city who are three years or more retarded in school work, and to all first-grade children. The results of the work show that when pupils are classified according to general intelligence, all groups of children progress through the schools more rapidly. The need for differentiation in the course of study for the different types of ability is also shown.—(*Training School Bulletin, October and November,* 1921.)

EUGENICS DEPARTMENT

A Department of Eugenics has been organized by the Child Welfare Station of the University of Iowa to investigate genetic principles and their application to child welfare. Doctor P. W. Whiting has been appointed to have charge of the work. (*University of Iowa Service Bulletin, October* 15, 1921.)

SIGHT-SAVING FILMS

The National Committee for the Prevention of Blindness has two motion pictures now ready for release: "Through Life's Windows," which shows the structure of the eye and the reasons for correcting defects by the use of glasses; and "Saving the Eyes of Youth," which deals with the care of the eyes of infants, pre-school, and school children, and with the possibilities of sight-saving classes for children with defective vision. (*American Journal of Nursing, November,* 1921.)

PSYCHOLOGY AND THE BLIND

Special Features in the Education of the Blind during the Biennium 1918-1920, by Edward E. Allen, Director of the Perkins Institution and Massachusetts School for the Blind, has been published as Bulletin No. 16, 1921, of the Bureau of Education.

Among the events which directly affect the education of blind children are the final adoption of Braille as the uniform type to be used in schools and a five-fold increase in the Government subsidy to the American Printing House for the Blind; the new movement for teaching the partially-seeing children by themselves; the widening interest in psychological research among blind pupils, for the purpose of classifying them and adapting school curricula to their needs; and successful beginning of a college course of lectures and demonstrations for teachers and workers among the blind and semi-sighted.

COLORED INFANT MORTALITY RATE

The infant mortality rate among the colored population of New York City is almost twice that among the whites. As a result of the intensive campaign carried on since 1915, the rates have been low-

ered from 96.2 for the white infants and 202 for the colored, to 83 for the white and 164 for the colored. The white rate was reduced thirteen per cent and the colored, eighteen per cent. The reduction of the rate among the Negro population is not only a tribute to the efforts of the Bureau of Child Hygiene and the various child caring organizations operating in the districts concerned, but it is also a sign of an awakening on the part of the colored population to the importance of life-saving measures among its children, and a more ready response to the educational propaganda put forth in their behalf. (*Weekly Bulletin, Department of Health, New York, November* 5, 1921.)

TUSKEGEE'S MIDWIFERY COURSE

A course in midwifery for Negro women was given at Tuskegee Institute, October 31 to November 25. A similar course was given at Tuskegee two years ago, and was attended by forty women, most of whom were able to secure certificates from the Alabama Board of Health entitling them to practice midwifery in the State. (*Tuskegee Student, October* 8, 1921.)

INSTITUTION DIETARIES

The Georgia Department of Public Welfare has recently sent out dietaries prepared by the State College of Agriculture and the Department of Health, to the various State institutions, for use in planning the meals of the children. A handbook is soon to be issued by the Department which will set forth standards of equipment and care for children's institutions. (*Georgia Department of Public Welfare News Letter, October* 1, 1921.)

DOCTOR POTTER'S NEW POSITION

The Pennsylvania Department of Public Welfare, created by the 1921 legislature to take the place of the Board of Public Charities, the Commission on Lunacy, and the Prison Labor Commission has established its offices in Harrisburg with Dr. John M. Baldy as Commissioner of the Department. Dr. Ellen C. Potter is Director of the Children's Bureau which is one of the divisions of the new Department. Doctor Potter was formerly Director of the Division of Child Health of the Pennsylvania State Board of Health.

SUNBEAM SCHOOL IN CLEVELAND

A special day school, adapted to the needs of crippled children whose disabilities bar them from attending classes with normal children in the regular schools, has been maintained in Cleveland since 1910 by the Board of Education, and is described by Mrs. Harriet Trask Hall in the American Physical Education Review for November, 1921.

Sunbeam School, as it is called, at present has one hundred and twenty-two pupils, with about sixty names on the waiting list. Candidates for admission, Mrs. Hall says, are carefully investigated for

eligibility, and only those of normal mentality and with physical disabilities that would deprive them of public day schooling unless special housing conditions and transportation were provided, are admitted. Five auto busses, specially built, and owned and operated by the Board of Education, carry the children back and forth every day, and are also available for trips to clinics, for outings, and so forth.

The courses offered by this special school are the same as those offered in the corresponding grades of the regular schools, with the same academic and industrial supervision. The school day is from nine to three. A substantial lunch is furnished at noon and at the morning recess milk is served to the undernourished, to the tubercular bone cases and to any other child whose parents may request it. If the parents are not able to pay for this milk it is furnished free. Rest periods are arranged for and the value of fresh air is always insisted upon, recesses being spent out of doors unless the weather absolutely prevents. Medical and dental inspection is carried on as in the other public schools, the doctor and nurse having no responsibility to care for the orthopaedic defects. Well-regulated class and group exercises, games and plays are insisted upon as being of equal value to the crippled as to the normal child and are conducted under the direction of one full time and one part time instructor from the physical training department. In addition, practically every child is given individual orthopaedic gymnastics, and records and charts are kept as an aid in improving his general health. Most of the children there are under the supervision of an orthopaedic doctor. Where operations are necessary, they are performed as much as possible during the summer.

Transfer from the special to the regular school is effected as soon as possible, ability to get about the regular building without danger of increasing his disability being a test of the child's improvement; his age, the distance he lives from school, the floor location of his grade and his home care, being also factors influencing his transfer. A follow-up system, however, keeps him under special physical care even after the transfer, and this permits of an earlier return to the regular school than would otherwise be safe.

Mrs. Hall goes on to say that "the Board of Education also furnishes instruction to children of school age while they are being treated in hospitals, and provides home teaching for crippled children who are of normal mentality, of legal school age, so badly disabled that they cannot attend either the special or the regular day school, and whose parents must be following the advice of an orthopaedic doctor in an effort to improve the condition, if any improvement is possible."

OUT OF DOORS IN AKRON

Miss Amy Parker gives the following account of Akron's attempt to correlate health work with the outdoor work in physical education. An athletic chart, Miss Parker says, showing every child's ability to run, jump, put the shot and climb the rope, is kept in each room, and tests are made at the beginning and close of each semester. Definite physical efficiency standards are used, so that the child knows exactly what his physical ability is. For example, a fourth-grade boy is ranked "E" if he makes a standing broad jump of four feet six inches; "G" if he jumps four feet two inches; and "F" if his record is only three feet eight inches. A girl of the same grade is expected to make a jump of three feet ten inches to make an "E" record. Like standards have been adopted for the basketball throw, and the forty and sixty yard dashes so that it is easy to compare a child's actual accomplishment with what he ought to be able to do. At the same time a record is kept of each pupil's physical condition, through the cooperation of the nurses and the department of health, so that the physical education mark on the child's report card measures both his physical condition and his physical ability.

Fresh air and sunshine have been secured for children below normal in health by the Akron Board of Education through the organizing and equipping of six open-air centers, each of which accommodates sixty children and requires the services of two teachers, a nurse, a dietitian and a cook. In most cases an entire floor is given over to the open-window children, with space for classrooms, play porch, sleeping rooms, nurse's room, kitchen and dining-room. Admission to the open-air rooms is by doctor's certificate to anemic, undernourished and predisposed tubercular cases, although no active cases of tuberculosis are allowed. All of the fundamental subjects are taught, four grade sections being handled by each of the two teachers.

A breakfast of cereal and cream, an afternoon lunch and a hot meal at noon, prepared by the school domestic science department under the direction of the dietitian, are served every day. Study and recitations are carried on with open windows. A tooth brush drill follows the noon meal and an hour's relaxation, each child wrapped in a sleeping bag on his own army cot, prepares them for the afternoon's activities.

The weight of each child is taken monthly and his pulse and respiration are noted every week. Practically every child shows a steady gain in weight and many cases are ready to return to regular classrooms at the end of the year. (*Educational Supplement, School Life*)

REPORT ON MATERNAL WELFARE

At a recent meeting of the Joint Committee of the American Gynecological Society and the American Child Hygiene Association appointed to consider problems on Maternal Welfare, it was decided to give some publicity to the report printed below with the idea of eliciting constructive criticism. The personnel of the committee is as follows: American Gynecological Society: George W. Kosmak, M. D., New York; Fred Taussig, M. D., St Louis; Fred L. Adair, M. D., Minneapolis. American Child Hygiene Association: J. Whitridge Williams, M. D., Baltimore; Anna E. Rude, M. D., Washington, D. C.; Merrill E. Champion, M. D., Boston. American Pediatric Society: Henry L. K. Shaw, M. D., Albany; Fritz Talbot, M. D., Boston; Walter Ramsay, M. D., St. Paul. The report has been tentatively accepted by the American Gynecological Society and the American Child Hygiene Association, but has not as yet been presented to the American Pediatric Society for action.

It is suggested that any communications be sent to Fred L. Adair, M. D., Chairman, 730 La Salle Building, Minneapolis, Minnesota. Any member of the above Committee, however, will welcome suggestions or inquiries regarding the report.

The Committee considers its proper functions to be:

A. Elaboration of a complete scheme of maternal welfare as ideally developed, emphasizing the most important points for starting the development of such a plan with the idea of educating the public to the necessity of this work and to serve as a basis for governmental activity. The following skeleton plan is presented:

1. Preservation of life and health of the mother.
   - a. Decrease in the number of infections following abortion and childbirth.
   - b. By providing better trained attendants.
   - c. By educating the laity as to the proper preparation and necessity for proper supervision during pregnancy, etc.
   - d. Inspection and control of institutions, etc., caring for maternal cases.
   - e. Prevention and treatment of venereal disease in association with pregnancy.
   - f. Control of toxemias.

II. Increase in the number of fruitful pregnancies by
   - a. Decrease in the amount of sterility.
     1. By diminution in the number of infections following abortion and childbirth.
     2. By diminution of venereal disease, especially GC.
   - b. Diminution in the number of abortions by
     1. Diminution in the number of spontaneous abortions by educating as to proper care when threatening symptoms develop.
     2. Diminution in the number of induced abortions.
        - (a) Self induced.
        - (b) Criminal operations
        - (c) Therapeutic abortions.

N. B. (1) We recommend that hospitals require the written sanction of at

least two reputable medical men before permission to perform an abortion is granted.

(2) We recognize the desirability of making abortions reportable to the health authorities.

(c.) Diminution of the number of premature birth deaths.

1. Education and supervision.
2. Provision for proper care of premature infants.

Recognition and treatment of syphilis.

d. Diminution in the number of stillbirths.

1. Improvement of statistics and methods of reporting stillbirths with causes.
2. Education of laity and profession.
3. Provision of better antepartum and intrapartum care.
4. Better care of syphilitics.

e. Diminution in the number of neonatal deaths.

1. Recognition or the importance these deaths.
2. Methods of prevention.
3. Education of laity and profession.
4. Provision of better antenatal, intrapartum and postpartum care.

N. B.—More careful scientific study of both stillbirths and neonatal deaths, together with causes of abortion, miscarriage and premature birth.

III. Better facilities for the care of the unmarried mother for her own protection and that of her offspring.

B. Definition of the relationship of this work to other health and welfare activities such as infant and child welfare; venereal disease campaign; anti-tuberculosis; boards of health; Red Cross and nursing activities, as well as social agencies; certain eugenic problems.

C. To have some responsible agency of representatives and well qualified men to advise with the governmental agencies on the problems of maternal welfare. This may be enlarged to become a part of a sort of institution or academy of sciences which could well be an advisory body on matters pertaining to public health and welfare.

D. It is particularly important to work out problems of maternal and child welfare in cooperation with the pediatrists, by means of a joint committee representative of the leading national societies. We recommend that this joint committee on maternal welfare work with one representing the American Pediatric Society to elaborate maternal and infant welfare programs.

PAN-AMERICAN CONFERENCE

A Pan-American conference of women will be held in connection with the third annual convention of the National League of Women Voters, which is to be in Baltimore from the 20th to the 29th of April next. The main purpose of this conference is to bring the women of the United States into friendly relations with the women of South America, Central America, Mexico and Canada. The conference will include a Round Table Section on child welfare, presided over by Miss Grace Abbott, chief of the United States Children Bureau, which will have before it the problems of public provision for maternity and infancy, child hygiene, industrial problems affecting children, and the dependent, neglected, defective and delinquent children.

The Foreign Field

NEW STANDARDS OF MEASUREMENT

"Pelidisi" and "sacratama" are two words coined by Professor Clemens von Pirquet to describe certain conditions of a child's physical state. The history and exact meaning of these two words has been given by Ralph Herz, M. D., of the American Relief Administration.

The American Relief Administration in Central Europe, Doctor Herz says, unable to feed all the children under its jurisdiction, found itself forced to devote its supplies to the children showing the greatest degree of malnutrition, and the problem was to determine which these were—"to examine the greatest number of children in the shortest time possible with a uniform degree of accuracy, and with the least amount of personal equation which necessarily enters into the physical examination of children by doctors of the same and different schools of medicine." The problem was solved by Doctor von Pirquet, who found that there is a ratio between the sitting height and the weight of the human body, which he called the pelidisi—"pe" meaning pondus decies or weight ten times; "li" meaning linearis or line; "di" meaning diviso or divided by, and "si" meaning sidentis altitudo, or sitting height.

"The pelidisi is obtained by taking the cube root of ten times the weight in grams and dividing by the sitting height in centimeters. For a school child the normal is not 100 but 94½, because a child has not so much fat and musculature as an adult. Children with a pelidisi of 94 or less were considered as underfed, those with a pelidisi of 95 to 100 well nourished, while those with a pelidisi of 101 and above as over-fed.

"While this examination is mathematically correct, von Pirquet found that it was not complete enough. Therefore, he devised the second form of examination which was founded on the four qualities of nutrition, or the so-called sacratama. "S" stands for sanguis, as a determining factor of the condition of the blood, the haemoglobin content of the blood is noted; "cr" stands for crassitudo, the fat content of the skin; "t" for turgor, the tension of the skin through its water content; and "m" for musculus, the development of the musculature. The intensity of all four qualities is indicated by the vowels, "i" indicating excessive, "e" abundant, "a" medium "o" reduced and "u" slight. The combination of the consonants and vowels gives the qualification. For instance, "so" indicates reduced haemoglobin; "cra" indicates a medium amount of fat; "ta" a medium turgor; "mu" a very weak

musculature. The combination "so-cra-ta-mu" gives in one word the state of nutrition. **** The determination of the sacratama is a little more difficult to learn than the pelidisi for it involves the point of the examiner's personal equation, but one can soon become quite adept by practice."****

Of the 50,000 children who were examined during ten weeks according to the pelidisi, sacratama standard under the supervision of Doctor Herz, he writes that "sixty-five per cent had a pelidisi of ninety-four or less. Forty per cent had a sacratama of Class Three (three or more bad marks). This gives an interesting result from a medical standpoint in that it shows that sixty-five per cent of the children now being fed in the A. R. A. kitchens are still undernourished.

"This proves that the problem now is not only one of mass feeding, but a medical one as well, which can only be handled through medical care and modified food." (*Child Health News, American Red Cross Medical Bureau, Paris, September,* 1921.)

France

INFANT MORTALITY IN PARIS

Thomas J. Duffield, Statistician on the Commission for the Prevention of Tuberculosis in France, has pointed out that the ordinary method of computing the infant mortality rate is not applicable to Paris. This is true, he says, "first, because of the great number of children placed *en nourrice* outside of the city, and second, because a child born alive is recorded as stillborn if the child has died before the declaration of the birth is made at the registration office." (Registration is required within three days of the date of birth.)

Before the war, about 15,000 out of every 45,000, or approximately one third, of the new born were placed *en nourrice* outside of Paris as shown in a table taken from the Weekly Bulletin of the Bureau de Statistique Municipale. With official figures for this group at hand, Mr. Duffield has prepared a comparative table of the infant mortality rates for Paris covering a period of the last ten years, one set of figures computed in the ordinary way, and the other based on the number of children remaining in Paris. The corrected rate appears considerably greater than the crude rate. For example, the crude rate for 1910 was ninety-eight, and the corrected rate one hundred and forty-two; and for 1920, the crude rate was again ninety-eight, the corrected rate being one hundred and nineteen.

Mr. Duffield adds that "without a change in the regulations it will be impossible to correct the infant mortality rate of Paris for cases falling within the second group (now declared as stillborn)." (*American Journal of Public Health, October,* 1921.)

England and Wales

PUBLIC HEALTH EXPENDITURES

An examination of expenditures for health work made during 1919-1920 in fifty-two county boroughs in England shows that out of every one hundred pounds expended, thirteen pounds were for maternity and child welfare and nine pounds for school medical services. Of the rest, twenty-six went for infectious diseases, thirty for tuberculosis, five for venereal disease, and seventeen for administration, food control and sanitation.

In the fall of 1921, notice came from the Ministry of Health that, in the interest of economy, it must cut down its grant in aid of expenditures on milk for mothers and children from fifty per cent to five per cent of the amount spent by local authorities for this purpose during 1920-21.

Many and forceful protests from local authorities and from voluntary societies alike against the scheme indicated the feeling that this step would be a very injudicious curtailment of expenditure, and the Ministry of Health has finally withdrawn its notice. (*National Health, October and November,* 1921.)

MATERNAL DEATHS INVESTIGATION

A marked increase in maternal mortality during the period from 1918 to 1920, has aroused the authorities to action. A careful investigation has been arranged under the supervision of Doctor Janet Campbell, who is working in conjunction with the medical officers of health throughout the country. Inquiries into the circumstances of every maternal death connected with childbirth will start this month and continue for some time. Boards of guardians have been asked to give all possible assistance. (*Woman's Leader, October* 28, 1921.)

SCHOOL MEDICAL SERVICE

The Annual Report of the Chief Medical Officer of the Ministry of Health for 1920 shows that the school medical staff has increased during the year from 224 whole time officials to 800. In addition, many school nurses and regular physicians are employed. Approximately 2,400,000 children are examined, in three groups—entrants, eight year pupils, and leavers. Inspection of secondary schools is now compulsory. It is estimated that two-fifths of the children coming up for medical inspection are found to be suffering from defects of some sort. Dental defects rank first in number, and about seventy per cent of the children were found to need dental treatment. Probably five per cent to seven per cent of all the school children in England and Wales need surgical treatment for adenoids and diseased tonsils. An inquiry into the reasons for the absence of children from school brought out the fact that in the large majority of cases, the real or alleged reason for absence is ill health. A section of the report deals with the effect of the Sum-

mer Time Act upon children, with the conclusion that there is an absence of any reliable data to show that summer time is detrimental to the health of children.

The report concludes with a section on juvenile employment and it is suggested that the school medical service lend help in fitting the children for the special employment each is to take up. (*London Times Educational Supplement, November,* 5, 1921.)

Australia

SCHOOL DENTISTS

Queensland is leading Australia in the matter of school dental clinics, since it has made the examination of the children's teeth compulsory. The State is divided into districts to each of which an inspector is assigned. Eight men are employed, and the work, which has been going on for nine years, is now well established.

In New South Wales, six full-time dentists are employed to travel through the rural districts to treat the children's teeth, and an attempt is made to cover each district once in three years. Six part-time dentists are also at work for the children of the metropolitan area. About 20,000 children are attended to annually. People often drive in ten or fifteen miles to some center to have their children's teeth examined, so great is the desire to make use of the services of the dentists. (*Melbourne Herald, September* 3, 1921)

West Indies

INFANT MORTALITY RATES

Figures relating to infant mortality in the parts of America under British rule were recently given in the House of Commons by the Secretary for the Colonies as follows:

Colony	Year	Infantile Mortality*
Barbadoes	1919	306
Bermuda	1919	166
British Guiana	1919	185
British Honduras	1919	215
Jamaica	1919	161
Leewards:		
Antigua	1918	177
Dominica	1920	146
St. Kitts	1918	255
Nevis	1918	264
Anguilla	1918	95
Trinidad	1919	155
Windwards		
Grenada	1920	115
St. Lucia	1919	143
St. Vincent	1919	111

*The figure given is the number of deaths of children under 1 year of age per 1000 living births. (*The Lancet, June* 25, 1921.)

Miss Clara Noyes, Director of the American Red Cross Nursing Service, has called attention to the mortality rate in Porto Rico and the Virgin Islands, and also to what is being done to improve conditions there. "The mortality figures published by the insular health commissioner", she says, "show that the death rate among infants under one year in Porto Rico is 146 per 1,000, as compared with 85 per 1,000 in New York City. In Puerta de Tierra, during 1920, the rate was 274 per 1,000. Every baby brought to the clinic is weighed and

examined by a physician. The babies return at regular intervals, and a weight chart is kept for each one. The nurse follows up all the cases seen by the doctor with instructions in the home on the value and teachings of breast feeding, the preparation of artificial food, when it is necessary, and teaching the mother each step in the proper care of her baby. ****" As the result of a request made by the Porto Rican Commissioner of Education, the children's Bureau of the United States Department of Labor made a survey of the general conditions of children in Porto Rico, with the outcome that a definite program for improvement has been undertaken by the Bureau in cooperation with the Junior Red Cross."*** Two clinics were opened at the Cuarto de Socorro early in June, the use of which was donated by the municipal health department. One clinic is for babies and the other for expectant mothers. During the first month 37 mothers made 45 visits to the clinic, 74 babies were brought 123 times, and at a special clinic 66 older children were examined. The nurses made 503 visits in homes."

Of conditions in the Virgin Islands Miss Noyes says that "before the present administration, it is estimated that 51 per cent of the children died before reaching the end of their third year. Elephantiasis was everywhere prevalent, and disease was widespread. * * * Much has been accomplished in a medical way in a short time. In 1918 the American Red Cross made an appropriation for the purchase of hospital supplies and equipment. The Navy established training schools for native nurses and started milk stations throughout the country districts, offering also instruction to mothers in the care and feeding of their children and opening daily clinics in the hospitals. As a result of these measures, aided by the incomparable climate, the death rate in the Virgin Islands today is lower than in the United States. * * *"—(*Bulletin of the Pan-American Union, November,* 1921.)

Western Europe

CHILD HEALTH UNITS

The welfare work of the American Red Cross in the countries devastated by the War, has been, during the past year, chiefly devoted to the establishment of child health units.

In Greece a complete child health program, reaching 10,000 children, has been put in operation.

In Czecho-Slovakia 72,000 children were mobilized into a health crusade, and the first two of twenty-one medical centers for child health work were established.

In several cities of Albania, also, child health centers were established, 4,200 children receiving medical assistance during June alone. (*Red Cross Bulletin, Washington, D. C., Vol.* 5, *No.* 43. *October* 24, 1921.)

Recent Literature on Mother and Child Welfare

Book Review

Routines of the Maternity Center Association of New York City. Published by the Association, 370 Seventh Avenue, New York City. Price, 15 cents.

The details of these routines were decided upon by vote of the Staff of the Maternity Center Association after discussion of methods that would meet the requirements as outlined by the Medical Board and Nursing Committee. Under Clinic Routine are given the nurse's duties, the doctor's duties, the duties of the clinic assistants, and the clinic equipment standard. Under Routine for Pre-Natal visits are the conduct of the first visit, the conduct of the complete nursing visit. and the contents of the nurse's bag. Samples of record cards to be made out by the nurse are also given. Advice for Mothers contains information as to diet, sleep, exercise, and so forth, and a list of Mother's Supplies and Babies' Supplies. Routine of Post-Natal Work describes the objects and the character of the follow-up work.

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A HOME IN THE BLUE RIDGE

There is not a human being within miles of this cabin and the nearest road ends abruptly in a gulch, which no horse can cross. The birth of each child is recorded on a blank page of "The Wreck of the Titanic" (the only book the family owns) in lieu of a family bible.—(*See The Rural Mother and Child, page* 62.)

MOTHER AND CHILD

A Magazine Concerned With Their Health

Vol. III. FEBRUARY, 1922 No. 2

Recreation for the Preschool Child*

Mary M. Roche, R. N.

Superintendent of the Clinic for Infant Feeding, Grand Rapids

PERHAPS most of those in this group who have dedicated their lives to following the child have been, like myself, mainly concerned in securing perfection of physical being. They have confined themselves chiefly to the well-being of the baby. But physical perfection is not all. Recreation plays a vital part.

The child up to three years of age must be entertained in such a way that his senses and muscles will be developed. The baby, concentrated on achieving a victory over a rattle suspended by a ribbon; on manoeuvres with a ball; on testing the resistance of rubber toys; on making a goal with a cloth bag filled with newspapers, is illustrating the first stage of his psychological development.

Bath toys furnish a welcome diversion, prisms hung in a sunny window provide the aesthetic touch, and naturally you will expect a nurse to place great value upon toys that may be washed. Strong contrasts always delight the baby and as he grows older, the tendency to do things over and over does not diminish. We never fail to be amazed at the patience with which the little person will insert and pull out the sliding cover of a wooden box, or fill a tin cup with sand and empty it times without number. So they achieve perfection and master mechanical details.

A strong bottle with a nice, firm cork that pops as it comes out will command fascinated attention from a little child. Soft, cuddly toys are highly valued, and a doll is indispensable. The Teddy Bear deserves a kind word. His cheerful little face encourages one to forget one's troubles, and who knows how many childish fears his responsiveness has dispelled? He personifies the little bear who was such a help to Goldilocks.

Toys to drag about are wonderful. A Kiddy Kar confers pleas-

*Address given at the Twelfth Annual Meeting of the American Child Hygiene Association, New Haven, November 5, 1921.

ures upon the youthful owner not exceeded later by the possession of a Rolls-Royce. There is an opportunity here to teach the value of lasting things by giving strong, durable toys, instead of flimsy, fragile ones. The toys should express just the qualities you want to develop in the child. Here is our chance to inculcate a respect for the rights of others, and a decent pride of ownership.

One danger we face is that of giving toys not suitable to the stage of development reached. Toys that entranced uncles and aunts (whom Wells classes as "tributary subspecies of humanity") may leave the little recipient cold. Another danger is over-indulgence. A basket full of toys destroys concentration and makes the child restless and dissatisfied as well.

Most of the American toys are now designed by women who seem to come closer to the spirit of the child. If we are grateful to them for nothing else, we must thank them for replacing the waxdoll, that creature of insignificant attainments, with one much more human. The vocal attainments of the French dolls and their appeals to "Papa" and "Mama" have small charm when compared to a Raggedy Ann, or her beloved brother. An attachment of this kind once formed is of a lasting nature. Is it not the beginning of that quality called "Faithfulness"?

Now that the baby seems to be in a fair way to come into his own, we have permitted ourselves to go up to the period when the child is from three to six years of age. There are vast joys waiting for us in this realm. Play forms a necessary part of the little baby's life, but in that of his slightly older brother, its importance is greatly intensified. "Playing children are healthy children, and therefore, surviving children." The needs of the child demand that he shall be studied, not only as part of the universal whole, but as an individual, and his play be directed along both lines. By playing with other children, his sense of fair play is developed. He learns the joys of comradeship; sacrifices are made unconsciously, and leave their impression. He is prepared for the part in community life which later will be his.

Nowhere do children so reveal themselves as in their play. Their dominant tendencies fairly shriek for recognition. The mother who says "Run away and play" loses a valuable opportunity of knowing her child's real self.

During these years, the dramatic, or imaginative side is paramount, and must be taken seriously by older people. Here we struggle with the child's seeming lack of veracity. We all know children who tell lurid tales of adventure of which they are the hero or heroine. Wise the friend who meets these children in the same spirit and plays "Lady" or

"Come to Call", and great her reward. What mirrors the little things are, and what images of ourselves they show us!

Their perfect recreation demands a room where they may reign supreme. They must have chalk with which to divide their domain by means of rivers. These rivers, outlined by chalk, bear safely the laden cardboard ships that sail upon their waters. Mirrors make wonderful little lakes, on which to sail celluloid swans, and corrugated pasteboard makes a perfect thatched roof for a block house. In a box of blocks lie infinite possibilities. Not the expensive ones, but just plain wooden blocks that any carpenter can make, and of which one will have enough. It is so annoying to be unable to complete a home or building, because of lack of material. We can explain why streets should be wide, not narrow; demonstrate that foundations should be laid with care, and talk a little of the necessity for preservation of law and order while we plan our model city. What they build with their hands becomes part of their permanent mental fabric. You all know the "Block City"—

"What are you able to build with your blocks?
Castles and palaces, temples and docks.
Rain may keep raining, and others go roam,
But I can be happy and building at home."

Stevenson goes on to describe his city, and how years afterward it all comes back—

"Yet as I saw it, I see it again,
The kirk and the palace, the ships and the men,
And as long as I live and where'er I may be,
I'll always remember my town by the sea."

Cards make delightful pagodas and provide settings for those entertaining Japanese fairy tales. And what joy can be expressed in plasticine. This gives opportunity for real self expression. When one's field is limited by illness, the picture puzzle is a treasure. The domestic arts, which some list among those missing, appeal at this stage as recreation. Laundering "Dolly's" clothes, packing her trunk—one of the finest arts—setting the table, or even sewing, are characteristic of this period. The boy already shows a fondness for his top, but the bean bag, and the soap bubble pipe seem to be of common gender.

As for the books, the "Just So" stories are a treasure. "Mother Goose" possesses wonderful dramatic possibilities. One can be Little Boy Blue or Miss Muffet. Alice in Wonderland will always be childhood's friend. The Muffin Shop is one of the newer books that please, and Josephine Pyle's Old Fairy Tales is delightful. One could name them indefinitely.

Well chosen pictures are a form of recreation.

I was privileged this Spring to spend some weeks with eighteen little children between the ages of two and six years. They were under-nourished children, and those of two and three would become exceedingly fatigued if they attempted to participate in the games of the older ones. They could bear it a short time, but not for long. While they all delighted in the sand pile and sand toys, they tended to group themselves according to age. When they played together, one little girl of six years was kept in a constant state of excitement through her efforts to protect her smaller sister from the inevitable buffetings of Fate in the form of stronger children.

While considering the motives instead of the deeds, we had to separate them in the interests of both. We endeavored to keep in mind the wise saying of John Dewey—"To imitate the process sets free powers, but to imitate the product tends toward slavishness"—in planning their play. As these children attained normal weight for height, their fondness for group games increased, but we were unable to keep them at Camp because the exuberance of their spirits exhausted the little people not yet up to par.

One favorite pastime was a story hour just at bedtime. The children would be told a story, and then each one in turn would tell one. This

was a revelation. They were always brief, and the child indexed himself in the telling.

When these children first came to us they did not know how to play. The first thing they did was to keep house, and what we learned about some of their homes, and what insight it gave us into the causes of their malnutrition!

Their delight in the country was pathetic, and the awed wonder with which they regarded a cow made one suspect that in ages long gone by their forbears lived in Egypt. Often in the afternoon, we would take six or eight of them to a nearby field, and after their lunch and rest period, they would roam through the clover. Always they would come back with their hands full, saying—"I picked the largest ones for you," and often they would return with weeds tightly clasped in their grimy little hands.

Children have broad sympathies, and their ideas of pets may not be ours. I visited this summer in a home brightened by the presence of a three year old boy. He would sing happily and accurately, occasionally accompanying himself, not so successfully, on the piano. He and his six year old sister loved music, good music, and attended artistic recitals by means of the victrola. But these little children found a worm, one of those loathsome, thick, green ones that live on the five-leafed Ivy, brought it in the house and put it in a glass, instead of a stone jar, "So he could see out," and actually killed it with kindness. One would never dream of checking an impulse to care for the helpless, but a worm seems such an unworthy object of affection. These little children were not unusual in this. You all know of similar cases. To own a pet of some kind is the right of every child, be it a worm, or a Collie.

Recreation, to be effectual, must bring change of occupation. It suggests at once fresh air and open spaces, or a warm comfortable nursery, the child's own. The play of the child in well-to-do homes is, as a rule, too closely supervised. The under-privileged child has no supervision and frequently no place to play. One city with which I am familiar has a play ground within a half mile of every home. For these little children, they wish the distance were only a quarter of a mile. A friend of the children left a fund to be expended annually for juvenile books, and in the libraries you will find low tables, small chairs, and shaded lamps. It is a common sight to see the parents settle their children at those tables and go off to hunt their own books. Every Saturday morning, the children's librarian has a story hour.

Hasn't the lack of opportunity for effective recreation something to do with the child's attitude towards his studies? Before deciding the child's intelligence quotient, should not we inquire as to the kind

and amount of his recreation? In a first grade recently Jane and Iris were tested mentally. Jane, dwelling in a cultured home with understanding parents, came off with flying colors. Iris could not count to twenty. The mother of Jane, who was a benefactor of the family of Iris, said "The poor child has never seen twenty of anything, but she can count to ten with ease and quickness. There are ten children in her family!"

We can weigh and measure, provide a balanced diet, insist on rest periods, give scrupulous care to eyes and teeth, remove the offending tonsils and adenoids, but if ours are not happy children, not re-created every day, we have failed miserably. We must care for them in such a way that they will hear a song in everything; that there will *be* a song everywhere, until they, too, say with the poet:

"Of speckled eggs the birdie sings
And nests among the trees,
The sailor sings of ropes and things
In ships upon the seas.

The children sing in far Japan,
The children sing in Spain;
The organ with the organ man
Is singing in the rain."

The Rural Mother and Child

Frances Sage Bradley, M. D.

ONE hesitates to cite extreme cases in defense of an argument, yet when extreme cases cost the lives of women and children and when they are of sufficient frequency to be found in various parts of the country, the recital seems justifiable. When one sees the vast amounts of money, of labor and of skill that are found necessary to safeguard the welfare of city mothers and babies; the doctors, nurses, social workers with their pre-natal supervision and trained obstetrical service, their infant welfare centers, milk stations, clinics, dispensaries, hospitals and the like, it may be worth while to know what is happening to the mother and child who live far from any of these sources of help—out on the lonely plains; along our vast extent of coast line, or in our remote mountain regions.

Certain fundamental standards of living are considered essential for the wellbeing of every mother and child; but one must not confuse the circumstances surrounding the slum child of the city with those of the needy rural child. One, by the very nature of his position, is the victim of circumstances unfortunate, detrimental to his welfare but at the same time subject to municipal alleviation. The very segregation of congested districts not only renders them accessible but

A prairie home, forty miles from the nearest neighbor.

materially reduces the cost per capita of any measures of relief. The rural child, on the contrary, is inalienably cut off, often from the very knowledge of his existence, and is, by force of circumstances, unable to help himself. He is, as a rule, of good American stock, capable of being made into a good citizen or a bad, according as we live up to our obligations.

The rural mother and child are asking for no consideration. They do not even know that they need consideration. The fact remains, however, that though the need for skilled supervision of the city mother and child is well recognized, and learned papers are read recording the marked reduction of maternal and infant mortality attending such supervision, the isolated rural woman goes her way through pregnancy and confinement alone, or worse than alone, though she produces more than half the children of the United States.

She is handicapped by lack of knowledge, by remoteness from sources of relief and, above all, by custom and tradition. The young woman who rode horseback over thirty miles of rough mountain country three weeks before the birth of her baby in order to reach her mother before confinement, did not know that she was endangering her own life and that of her child. Nor did an older woman realize that she had a placenta praevia, and

that driving in a springless country wagon from an adjoining county would cause the hemorrhage which cost the life of herself and baby. The cause and prevention of eclampsia and of septic infection during the puerperium are likewise unknown to the average rural woman. These are but a few illustrations of the disasters overtaking her and of the grave loss to communities that

Two midwives.

results from inadequate provision for the care of maternal and infant life.

If the woman lives in the lowlands of the south she may secure the services of a midwife or, in one locality, of the man midwife shown in accompanying picture; if she lives out on the prairies or in the mountains she may be dependent upon a kindly but untrained neighbor or friend; she is perfectly content with the loving care of her mother or husband; upon occasion an old grandfather or a little nine year old son has been her only attendant; she does not even feel neglected when she has to deliver herself of a breech presentation, or of twins. She has faith that nature will reduce the dislocation which occurred in the aftercoming shoulder of one of the babies.

Earnest efforts are made by the ignorant midwife to protect her patient from every possible danger. She has learned from her mother and grandmother the virtues of peach and tansy leaves and uses them empirically to retard premature labor or to hasten labor at term. She makes an ointment of soot and lard or turpentine and sugar to prevent the development of infection. "Bealing" of the breast she treats with mud, with a blend of soap and milk or with a "drawing ooze" or poultice of iron weed or alum root followed by a "healing ooze" of flax seed.

Because the women of her acquaintance are similarly circumstanced she accepts these conditions as incidental to her contribution to society and does not question the extent or the necessity of her peril. An occasional death or the more frequent ill health of her childbearing friends are to her but the inevitable result of marriage and as such are laid at the door of Providence.

It is true that often she does not send for the doctor. Experience has taught that he is rarely able to reach her in time to be of service. Perhaps she has no telephone or it is out of order; perhaps the message is lost in its frequent relays

over neighborhood wires; there is possibly no available messenger, or the doctor may be out on a call. Roads may be impassable from recent rains, or a bridge be undermined. The doctor may even hesitate—and this is not as mercenary as it sounds, for even doctors must live—to make a six or eight-hour trip without assurance of a cash payment. This is especially true of colored doctors for they have learned that the family not provident enough to save the price of his service during the preceding nine months is not likely to be more provident during the months following confinement.

Doctors in the country are scarce these days. Counties which twenty-five years ago had three or four physicians today have two or one or none, and while the country doctor is a bulwark of independence, of ability and of unselfish devotion, there is a limit to his endurance. Moreover, the activities of the pseudo-medical imposter are by no means limited to the city. Specialists claiming to cure cancer, summer complaints and the like, victimize the rural public. In one section of the mountains an Indian "doctor" made periodical trips specializing on children's diseases. The faith cure of Holy Rollers is also a common dependence in some sections of the country.

Much has been accomplished in rural communities along general public health lines. Tuberculosis, malaria, typhoid fever, pellagra and venereal disease are yielding steadily to the systematic attack of trained health agencies, yet in spite of the great reduction of maternal and infant mortality following the supervision of groups of city mothers, the maternal mortality of the country as a whole remains unchanged. This can only be interpreted into meaning better care of the city mother and less of skilled service at the disposal of the country mother.

Safety for the infant is also far from assured though so little is known of conditions affecting rural babies that it is impossible to furnish figures of sufficient volume to satisfy the statistician. In a series of rural counties studied by the Children's Bureau, however, it was found that, as among city babies, the highest mortality occurs during the first few weeks. In one county where eighty-nine babies died during the first year of life, forty-five died before the end of the first month. In another county where twenty-eight babies died under one year of age, twenty-two of them were under one month of age. In a third county twelve out of fifteen; in a fourth county ten out of sixteen, and in a fifth, ten out of fourteen deaths were of babies under one month of age*. While not mak-

*The Bureau of the Census Mortality Statistics for 1919 show that in the Death Registration area the total deaths under one year were 79,552, while the deaths under one month were 39,127, or 49.27 per cent. of the total deaths under one year.

ing a sufficient base for statistical purposes it is a significant fact that such things exist, not in exceptional counties, but in carefully selected, typical counties of widely separated states, and these conditions may be accepted as a sample of what is happening to many babies of a great and prosperous country. It is probable that, as in our large cities, this great loss of early infant life might be markedly reduced by a reasonable amount of care before, during, and after confinement.

Notwithstanding this high infant mortality, the early life of the rural baby reflects great credit upon an earnest, resourceful mother who carries him through crises that would overwhelm the average city mother. It also proves him to be a vigorous, lusty youngster who has "come here to stay", according to the version of his proud parents. He is subject to many dangers at birth due to the scarcity of medical service and to questionable care during the neo-natal stage when he may be the victim of many traditions and superstitions. He may be subjected to a weekly spinal cupping with a tiny gourd hollowed at each end to prevent the development of dreaded "bold hives", or to a daily cupping, should he be overtaken by this mysterious but common malady. Breast milk with or without coffee is considered a sure cure for "sore eyes" of early infancy. Grated nutmeg, a split raisin, soot and lard, or similar preparations, may be used in place of the time-honored scorched cotton as a dressing for the cord. The baby is in danger of an infected cord should this dressing touch the floor, and should his stockings fall to the floor his walking will be retarded. Delayed walking may be hastened by rubbing the spine and legs of a rachitic child with the back of a live terrapin through which the blood is oozing from a nail hole driven through the shell for that purpose. He must be "teaed" with endless herbs to cure him of cold, of fever or of "summer complaint", and protected by time-honored charms from the perils of teething and from contagious diseases. Strings of beads, of china buttons, of tiny joints of wild bamboo are worn round the neck; the venerated rabbit's foot, dog's or hog's teeth, the claw of a squirrel or the small ear bones of a rat are considered potent charms, or for the beloved bag of asafoetida may be substituted a cricket's nest, a bag containing seven live wood lice or the charred remains of a toad fried alive in "shell grease" scraped from the inside of a cartridge shell. Many of these charms were revived in full force during the influenza epidemic, especially among the colored people. Children have been found permanently injured by unskilled attendance at birth—with paralyzed arms; or a broken leg, the little foot hanging like a leaf after three years of age; or a dislo-

cated hip unrecognized and treated for five years as rheumatism, and so forth.

The rural baby has the protection of breast milk, the country woman nursing her baby for one or two years or more. While her life is one of constant exposure and hardship, her days are nevertheless placid and serene, and she is exempt from the nervous strain and tension which complicate the strenuous life of the city woman and shorten her period of lactation. In many parts of the mountains nursing bottles are unknown, though it is true that, in addition to the breast, the mother gives the baby a taste of everything she herself eats in order to gradually accustom it to the food of the family. This promiscuous feeding often begins at from one to three months of age.

It seems evident that the rural baby conquering the first year of life is a survival of the fittest and, until he becomes the "knee baby" by the advent of a small sister or brother, he seems to thrive. The adoration and solicitude of the family, however, are lavished on the "baby one" and older children must shift for themselves. Unless really ill, medical aid is considered an unnecessary expense, physical examination of supposedly well children is unknown, and so defects develop unnoted until the child is markedly suffering from unintentional neglect. And so we find the vigorous, happy, apparently well-nourished rural baby growing into the pale, solemn, under-nourished school child, handicapped by de-

A "baby one" has come, so they must shift for themselves.

fective eyes, ears, throat, teeth, and with the poor boney development and posture so characteristic of the rural child.

He is a victim of the isolation and remoteness of his parents from contact with the outside world and from remedial agencies to which every child is entitled. His parents, for instance, may be homesteading

A father built this bed so that his baby might sleep alone.

in a hut of sod, of adobe, or of tarred paper forty miles from the nearest neighbor or 100 miles from a doctor. The outlook from the front door may be limited only by the horizon and may consist of "bad lands" hopelessly barren and depressing, or of endless stretches of prairie with herds of grazing stock.

Or they may live in the fastnesses of our own Blue Ridge when not distance but natural barriers effectually shut off the outside world. One wonders how they ever found the spot on the "far side of the mounting." It is at the extreme end of the cove and can only be reached by alternately following and fording lengthwise a sparkling mountain stream. And what inspired another family to build their home out on the tip of "yan spur" where the boulders and great hemlocks stand out rugged and bold against the clear, blue sky. To reach this cabin one must climb for miles a faint trail which loses itself finally at the gulch washed out by a spring freshet. Holding to the roots of trees one drops hand over hand down one side of the gulch, and climbs up on the other. The trail

grows fainter as the spur becomes steeper and more forbidding, but at its summit, in the midst of a small clearing, stands the one-room log-cabin, unlighted except by the door, unheated except by an open fireplace; with no conveniences other than an iron kettle, a frying pan, a generous coffee pot and a "spider" for baking bread.

Making the "long-sweetenin'" from sugar cane.

Here a courageous woman carries and bears her babies and rears her family unaided, except for an annual visit from her husband after "public works" (meaning rail roading, road building, bridge building, saw milling, mining and so forth) have closed down for the rainy season. He remains home long enough to kill the hogs, perhaps to plow a patch of ground for the spring planting of corn, and incidentally to start an addition to the family. With the help of two half-grown "yearlings" the mother and five children under ten years of age, plant, cultivate and gather the crop of corn, beans, potatoes, pumpkins, a few cabbage, and tobacco enough for family consumption. With the most primitive implements she supports her family, drying, canning and curing in salt or sulphur enough of fruits and vegetables to carry them through the winter. Honey or syrup ground and boiled down from home-grown cane, furnishes "long sweetenin'", largely taking the place of sugar. In fact the thrifty housewife buys little "store goods" except coffee, kero-

sene, matches and enough of dry goods to make clothing for her family.

LACK OF MEDICAL SERVICE

With the help of home-cured herbs she carries her children through the usual epidemics. Even diphtheria and infantile paralysis find their way into these remote sections and, in the absence of pediatricians and orthopedists, many crippled children are deprived of schooling and of the later opportunities of life.

Accidents also test the courage, the skill and the ingenuity of the rural women. Children are burned in the open fires, or drowned in the swift streams upon the banks of which many homes are built. Scalp wounds, broken and dislocated bones fall to the lot of the country woman, and she meets them unflinchingly.

Such situations would not be tolerated in cities and it seems inexplicable that the whole country has remained deaf to the call of the country child and its mother. The problem deserves prompt and careful consideration. Whether it may be met by trained, supervised and licensed midwives, by public health nurses or by group or state medicine, remains to be seen.

It is a significant fact that when life can be measured by dollars and cents practical results are promptly achieved. One of our most progressive life insurance companies reports a recent ten year educational campaign which has added nearly four years per person to the expectancy of life of its policy-holders. Germany reported similar work before the war. These brilliant results, however, affect mainly the male population and, like other public health activities, were limited to the city and the small town dweller. The strictly rural woman and child of what is strictly a great rural country are practically untouched by efforts of life extension or of health preservation.

HEED THE RURAL MOTHERS' CALL

Happily the cases cited above are not the rule, but seven years constant work in rural states has revealed the incredible existence and the relative frequency of grave hazards to which our American mothers and babies are subjected. The quick sympathy and understanding, the devoted service and lavish generosity of the United States to the suffering mothers and children of stricken Europe show that the heart of America is in the right place.

What can we do for our own mothers and babies?

Progress of Child Hygiene Work in the United States*

Richard Arthur Bolt, M. D., Gr. P. H.

General Director American Child Hygiene Association

IN attempting to sum up the progress of child hygiene work in this country during the past year, it is necessary first to consider what we should regard as standards of progress. Do we refer to higher ideals, fundamental principles, or advance in actual accomplishments? Progress does not consist in glowing reports with formidable statistics showing work done, nor does it necessarily mean that large appropriations have been allotted to carry on local child hygiene activities, although both of these are not incompatible and may be important items in real progress. The first thing to determine is, have we preserved our ideals untarnished and really held to our faith in fundamental principles? Have we been able to inspire a larger number of the community with these ideals? Have we been able to assist in putting into tangible form what we all believe is for the best interests of mothers and children? In other words, have we kept the faith in the bonds of peace?

In essaying to judge the progress of the past year I have necessarily had to rely largely upon reports from our affiliated societies, correspondence with those actively engaged in local work, and to some extent, upon personal conferences and observations. A valuable part of the confirmatory evidence has been furnished by our Field Director, who has personally visited a large number of affiliated societies, and has come into close touch with the work of health officers, public health nurses, school authorities, and women's clubs throughout the country.

In weighing the evidence presented from all these sources I have come to the conclusion that it is impossible to paint a finished picture of the whole situation, working into it all the details noted in the reports. Neither would an impressionistic picture portray the true conditions. It was found necessary to select certain outstanding features of the programs and activities and fit them together into a mosaic, which, in order to gain its proper perspective, must be viewed at a little distance rather than too critically close at hand.

It is painfully evident to all of us that the past year has been one of severe social and economic read-

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justment. During this period there has been a threatened, and at times, a definite retrenchment along all lines. This has caused grave concern to those interested in child welfare and to some degree made uncertain the outcome of the child welfare work which has been built step by step in the last ten or fifteen years. The cutting down of appropriations and working staffs of a number of organizations has made it impossible for them to carry on the broader program for child hygiene which they had planned. Along with this there has been a questioning on the part of the skeptical as to just how much infant welfare work was really accomplishing, and whether it paid for itself in cold dollars and cents. The old bugaboo of a certain wing of the medical profession as to whether maternity and child welfare work does not curtail their private practice has again appeared. Yet, despite all this reaction and uncertainty as to the future it can be truly said that on the whole those who have been most intimately linked with the child hygiene movement in this country have preserved their equilibrium and perspective and have continued their work with much devotion and self-sacrifice. The first sign of progress, therefore, is the preservation of our faith in the humanities against reactionary elements in some communities which no doubt will prove but ephemeral.

No matter how we may regard the present trend of social and economic forces we cannot overlook the fact that the past year has been one in which there has been a tremendous demand for knowledge and exact data along all lines of child welfare. In some respects this great awakening to the needs of motherhood and childhood and the feeling that definite measures must be carried through in order to meet them successfully is analogous to the wide-spread interest and loyalty aroused during the war. Regardless of the immediate outcome of the present activities for Federal and State measures for the protection of maternity and infancy, it is undoubtedly true that there has scarcely been a year in which more wide-spread, intelligent and persistent questioning and study have been given to problems connected with the child hygiene movement. The extended hearings before the Senate and House Committees, the country-wide interest among all child welfare organizations, the number of articles appearing in magazines and newspapers of all kinds, are simply indices of what the general public is thinking. This, then, may be taken as a second sign of progress —a wide-spread and intelligent interest in State and national measures for the protection of child life, with much public discussion and planning.

Another sign of progress has

been the increasing recognition of the importance of careful health bookkeeping in regard to infant welfare work. For a number of years a comparatively small number directly interested in infant mortality studies have realized the supreme importance of complete birth registration and the recording of exact causes of infant deaths. There has been a slow development in the appreciation of health officers, public health nurses and social workers for complete vital statistics. Now the public themselves are becoming impressed with the necessity of knowing just what the trend of infant and child mortality really is. The fact that it was possible to secure advance statistics from 519 cities which made possible the publication of a Statistical Report on Infant Mortality within six months of the opening of the new year in itself shows the active interest of health officers and statisticians throughout the country. The wide-spread publicity given to this Report through national press agencies shows that the public itself wants this information. Although we are still a considerable distance behind many of the European countries in the completeness of our birth registration, we have made considerable progress in recent years.

One of the most outstanding features of progress has been the effort on the part of national and local organizations to come into closer cooperation, and to bring about a real coordination of their work. The necessity for such collaboration became very evident when the people learned that a host of organizations was attempting to cover practically the same field and in this attempt was accentuating certain phases of the work and leaving wide gaps on other strategic fronts. "Philanthropic Doubts" as to the necessity for so many organizations, and as to the value of much of their propaganda have also been expressed. The organization of the National Child Health Council with its advisory committees and coordination of field work, and the beginning of the Child Health Demonstration in Mansfield, Richland County, Ohio, illustrate the progress made in national cooperation and coordination. In various communities throughout the country this has also been reflected. The growth of Welfare Federations and Councils of Social Agencies has been notable, and the work of state and city councils for child welfare bring out the local phase of this matter. There is no question but that we are on the eve of a great advance in cooperative effort for child hygiene, from the Federal government down to the smallest community.

In the attempt to bring about this closer coordination of the work, organizations have discovered the necessity of mapping out a full, well-rounded program for child hygiene, rather than unduly stressing this or that phase of the work,

so that it can be said that throughout the country communities are planning their child hygiene work on a much broader basis than formerly, and that they are attempting to work out a prenatal and preschool age program along as concrete lines as the infant hygiene program. The school age also is receiving renewed attention, and a more logical and consistent program for health education of school children is being worked out.

Another marked feature of the progress of the past year has been the extension of educational work for child health among nurses, social workers, and health officers. In the universities of a number of states special institutes of public health have been held which included definite courses in child hygiene. These courses have been well attended and a large amount of interest has been manifested on the part of those attending. Social pediatrics is also becoming more and more a part of the regular teaching in pediatrics in a number of medical schools. In several states the university has carried on extension courses and has sent into the field some of its best men and women to conduct local demonstrations and give courses of lectures.

Hand in hand with this educational work has come a reduction of propaganda for child welfare, and in its stead educational publicity and the setting up of actual machinery for meeting the needs of the local community. It has been very encouraging and it is indicative of progress to note the requests from State and municipal Bureaus of Child Hygiene and from local communities for well trained people to conduct contemplated child hygiene work. Another marked sign of progress, therefore, has been the demand of state and local organizations for people especially trained along child hygiene lines, and the promotion of local interest by educational courses.

While the well-worked-out methods for the infant in arms are still being widely applied, there has been an extension of child hygiene in two other directions; first in the prenatal period, and second, in the preschool, and school ages. Notable work along maternal lines in several large centers has demonstrated what could be accomplished in reducing maternal and neonatal deaths by well conceived and well executed plans. These have stimulated other localities to institute some form of maternity work. In some places this start simply consists in verbal instruction by the nurses in their regular visits to the homes. Other places have begun in an humble way maternity centers where the women receive their examinations and are followed up regularly by the nurses. With the great interest now being taken in this phase of the work we may expect a broad development for it in the coming years. It is thoroughly realized by those who have studied the problem that if we are to still

further reduce our infant mortality rate, we must systematically attack the excessive mortality in the first month of life, and this can be largely accomplished by better maternity service.

For the preschool age, we have very few precedents to follow. As it is now recognized to be a most important phase of child life, being that period in which most of the defects from which the child later suffers are acquired, we must either extend the work of the infant welfare center, or push back the school hygiene program to cover the preschool age. In several places the school authorities have recognized the necessity of correcting a number of defects that occur in younger children before they get into the schools and thus the nursing staff of the schools have been called upon to look after a certain number of children of the preschool age. On the other hand a few day nurseries and kindergartens have realized that there was an excellent opportunity of extending their influence along health lines and they have provided medical inspection and nursing service for the children coming to their day nurseries and kindergartens. A great deal remains to be done in the way of standardizing the methods used and of coming to some conclusion as to the most practical way of handling this preschool problem.

The past year has witnessed a notable advance in our knowledge of the causes of malnutrition in school children and the extent to which it occurs. Very definite steps have been taken both in the way of proper education of the mothers and teachers along nutrition lines and also in the actual setting up of nutrition classes in very large numbers of the public and private schools throughout the country. There has also been a definite advance in standardizing weights and heights in school children and in our knowledge of what actually constitutes malnutrition in the school child. During the past year there has been much study for the prevention of tuberculosis in infancy and childhood. As practically all initial tuberculous infection takes place in childhood, this is a very logical development and a real sign of progress. Our newer knowledge of syphilis, and the method of preventing its congenital form is leading to more strict attention to the possibilities of syphilis among pregnant women, and to its early and intensive treatment in hospitals and dispensaries.

Throughout the country there has been a sincere effort on the part of many to secure more uniform record forms—to do away with non-essentials, and to make the records really serviceable. A considerable number of requests have come to our offices for such forms. The records we have received as samples from other organizations show that more attention is being paid to careful keeping of records. This has also been evident in re-

ports from our affiliated societies. Even among those who have found it difficult to compile complete statistics relating to their work, there is an admission on their part of the necessity for such standard forms. This is especially true in the case of preschool record forms.

Throughout the past year there has been a distinct recognition of the need of special care in certain types of disorders and special classes have been formed here and there in attempting to work out good clinical methods and standards. Most notable of these special classes have been those for the care of cardiac cases; for posture, (including the after treatment of infantile paralysis) and for malnutrition. In some cases these special classes have been formed simply as part of the regular clinical routine. In other places entirely separate classes have been provided not only for the examination in the clinics and prescription for treatment, but also for actually carrying this out. Special classes for malnutrition and posture have in a number of instances been extended to the public schools.

Two features of the year's work in child hygiene stand out in which we can see considerable progress, namely dental hygiene, and correction of malnutrition. The need for better care of children's teeth is stressed everywhere, and communities, east and west, north and south, have been attempting to take some sort of steps to correct dental defects. This has been shown mainly along two lines; first, an attempt to supply sufficient dental help either through the dental societies, or by the aid of dental hygienists to correct the simple defects, scale the teeth, and to fill simple cavities in school children. The tendency has been to push the age at which dental care is given back earlier and earlier into the preschool age. Hand in hand with this has come a large amount of instruction along the lines of dental hygiene, and actual demonstrations in the public schools. The hindrance to progress here has been the lack of sufficient help to carry out even in early school life all the prophylactic and corrective work that is found necessary. The second line of effort has been an attempt to secure better nutrition of the child of preschool age and to give hygienic treatment in this period. There is a growing feeling that in order to be most effective dental hygiene should begin even in prenatal life, and that proper nutrition is one of the main factors on which we will have to rely as a basis for sound teeth.

The nutrition work has not only been carried out through voluntary societies, but is stimulated by Government Bureaus and through the public schools. The educational side of nutritional work has also received a great impetus through attractive and definite instruction. The demand for literature, charts, and programs along nutritional

lines has been overwhelming. Considerable, however, remains to be done to harmonize some of the programs, and to present a solid front in our educational work along nutritional lines.

As child hygiene work has developed, and rural centers have become more and more interested in it, a greater demand for an extension of child hygiene work into rural communities has come. This has been met in several ways. Throughout the country there has been a growth in local health centers which have been set up as health educational centers. Through these centers the work of the public health nurse, and in many cases child welfare work have been extended. In several states an excellent beginning has been made in the extension of child welfare work to rural districts through the State Bureau of Child Hygiene connected with the State Boards of Health. This has been carried on through educational work by personal conferences of members of the child hygiene staff, and also through giving post-graduate courses along child hygiene lines to the physicians in the smaller cities, and affording them facilities for consultation.

Another line of approach has been the use of traveling health dispensaries which have taken on two forms, one being used purely for education and propaganda, and the other for carrying on actual examinations of the children and for applying simple treatments. The traveling health dispensary seems to have justified itself as a method of education and a means of health communication between various isolated rural districts. It is, on the whole, an expensive method, and it is questionable whether, with a well-equipped automobile truck, it is advisable to carry on actual treatments in the field, although dental prophylaxis, and in some cases, adenoid and tonsil removals have been carried out with good results.

Another method which has been popular, but upon which there is now considerable difference of opinion as to its permanent results, has been the setting up of child hygiene clinics or demonstrations at State Fairs. A considerable number of requests have come to our office for material bearing upon child welfare conferences in connection with state and local fairs. There is no question but that a large crowd can always be gathered around a booth in which baby conferences are being conducted but the permanent good which can be accomplished on such occasions is questionable. A number have raised the query as to whether it would not be better to utilize money and strength which are required for the fairs, and set up regular conferences at various localities throughout the state over a much longer period of time. In other words, the State Fair Conferences are more of an initial popular presentation of a propagandist nature, but are not very

constructive. Nor do they give to the mothers such permanent concrete results as smaller conferences at regular intervals.

In the country as in the cities there has been a great demand for educational films along child hygiene lines. Although several films have been put out through the past year it is still true that this field is wide open for future developments. The use of telling, well-worked out films for fairs and nutritional exhibits throughout the rural districts would undoubtedly accomplish a great deal of sound educational work.

During the past year there has been considerable activity along legislative lines in regard to child welfare. A number of states had appointed special Children's Code Commissions which were instructed to make a thorough study of child welfare laws, and to present their report at the Legislatures which met during the year. These were presented in many States. It is unfortunate that so many of the Children's Code Commissions laid the greater stress upon the care of dependent, delinquent and defective children, and considered only incidentally the health phases of child welfare.

All studies during the past year have pointed to the great need for better standards of work, and definite progress has been made in erecting certain standards for the health of the child in industry, and in setting up minimum requirements for the care of the preschool child. The previous standards set up for prenatal care and the care of infants have been thoroughly tested and found, on the whole, to answer the needs. It now remains to give a broader trial to these standards and see how they can be worked out in varied practice.

One of the distinct signs of progress along the preventive side has been the immunization of a considerable number of children, between the ages of six months and six years, against diphtheria infection. The time has been too short for a complete judgment in regard to this immunization but the preliminary work has thoroughly justified the statement that this is an extremely important matter and one which should be adopted in future child welfare work. It can be easily applied through the child welfare centers, or through kindergartens, and day nurseries.

Continued progress has also been made in the extension of breast feeding through a number of infant welfare centers in different parts of the country. Extensive campaigns which have been carried out in several larger communities have thoroughly demonstrated that a much larger number of mothers can be induced to nurse their babies at the present time than we had formerly supposed. This improvement has been made possible by early registration of births, and the following up of each newborn baby in these localities. This type of

work has added materially to the value of infant welfare stations as centers for instruction not only of the mothers themselves, but of pupil nurses and physicians.

Summing up, then, the items of distinct progress during the year, we see, first, a continued and widespread interest and demand for educational material along all lines of child hygiene, but especially that which concerns prenatal, and nutritional work, and the child of preschool age. Second, while public interest has been aroused and maintained it now remains to follow up and crystalize it in well-worked-out. concrete programs which cover the the whole period of infancy and childhood. Third, although in many places appropriations have been cut, enthusiasm and devotion to the work have caused a number to carry forward work already begun. Fourth, there has been a distinct advance in keeping of records and of reporting births, and fifth, there has been developed a better understanding between individuals and associations, and a sincere effort has been made to bring about a coordination of child health activities.

Mental Hygiene in Health Centers

Clain Fanning Gelston, M. D., San Francisco

AT the present time it would seem appropriate to bring to the attention of the medical public certain aspects of the work carried on in our Health Centers, and their especial relation to the subjects in which students of health problems are particularly interested, namely, the furtherance of what is so appropriately designated the Hygiene of the Mind, or "Hygienic Cerebration."

Cerebration has, among others, two angles—volitional and instinctive. A third, or inherent, seems to me, if not a negligible, at least a minor one. How much of either is present in a child's mental activities? Very little. Therefore the possibilities of training are sufficiently apparent to need no emphasis.

The Health Center movement, which has now attained a nationwide impetus through the influence of the Children's Bureau of the Department of Labor of the National Government, had much of its origin here in San Francisco. I refer to the Health Center as we look upon it to-day; not the Settlement House with its great and fundamental position for good in the community, but rather the focus of activity for primary health problems. The ultimate center will in the future, however, probably be placed in connection with the settlement house because of the added educative possibilities.

The incentive given to this work through the installation of the Haight Street Clinic under Doctor Holsclaw and Doctor Rude, the lat-

ter now director of the Division of Child Hygiene in the Federal Children's Bureau, has given to San Francisco an enviable position among the cities of the United States as being a pioneer in the movement.

The development of the Health Center has been ably and most particularly fostered by private workers and the active co-operation of the Board of Health, so that now there are eight or ten Health Centers. One of the first to be established before there was a concerted attempt to develop the movement along organized lines was a most valuable installation on Telegraph Hill among the Italian Colony of San Francisco. After years of effective and result-producing activity, the value of that Health Center is now being recognized.

The material equipment for a Health Center is negligible. The spiritual equipment is fairly large even though it is concentrated in one individual. It means a fundamental desire to further the health of the children, especially those under six years of age, by educational propaganda along every one of the lines bearing in any way whatsoever upon that health. This naturally requires a basic appreciation of all the various necessities of development and cooperation.

If one stops to think, there immediately appear the numerous side lights which have such a bearing on the well-being of the pre-school child. Once a youngster is in school he is supervised to a certain extent. Granted that this is not perfect, he has, however, the school physician, the school nurse, and the supervision of his teachers. Reforms and improvements are naturally to be desired and to be worked for in the hygiene, mental and physical, of the school child; but for the present, to my mind, greater opportunities and greater benefits are to be derived from the intensive study of the child from birth to five or six years of age.

The slogan of the Health Centers is "Keep well children well." And to do this, what is necessary? First and foremost, from the standpoint of physical and mental health, is the necessity for supervising the environment; and environment includes both material and mental surroundings. Here comes the necessity for and the opportunity of the visiting nurse; her influence is enormous. We are fortunate that the universities of the country are recognizing the failure of educative instructions along health lines when offered without the fundamental aid of the field worker, and as a result are rapidly placing in the field for the availability of health agencies, the trained Public Health nurse.

To the Health Center comes the mother with her two, or six, or eight months old baby. Of what use to give the most scientific of feeding instructions if they are to

be undertaken in one or two rooms housing six or eight persons, in a back alley with no sunshine and less air? This brings up the point of housing—another of the many considerations to which I had reference when I mentioned what it meant to try to improve the health of a child. Give those instructions, however, and send a nurse to do a little home teaching and one will procure some results even in considerable squalor.

In a Health Center, we want to show not only what to feed a baby, but how to do it, and then to see that it is done. One can feed a baby perfectly according to all modern teaching, but if, through the mother's ignorance or faulty training, she has become imbued with the idea that baths are dangerous, and fresh air worse, therefore requiring that the child must be sewed into at least five layers of clothes and the windows nailed down at the onset of cold weather, one can hardly expect a healthy baby. We tell them what to do at our Health Centers just the way workers have been telling them for years; but now we send a nurse to see that it is done to the best of the available possibilities.

Environment, then, and personal hygiene! If they are important for the infant to two years, what of the runabout—the child from three to five or six? If he has survived the faults of his first two years he has their stigmata added to the errors in living under which he is placed at this age. Go into any kindergarten in San Francisco and see the evidences of the neglect of health, most of them remediable! And the supervision of these children from the standpoint of health is placed in the hands of a kindergartner too often untrained in health matters. I grant their willingness to watch out for physical conditions, and the fact that they do cause the correction of many defects. But it is hardly to be expected that kindergartners are capable of recognizing many of the conditions which are apparent to a trained eye. Put a Health Center (with its physicians, nurses, visitors, and its equipment for correcting defects through its association with the hospitals), where it is available to such a community of runabouts and the children will be put in such condition that much of the work now necessarily done by the school medical and nursing service will be eliminated.

I have purposely left to the last what is probably the most important of all the measures undertaken for the healthful upbringing of a child—certainly it is equally important with the physical: I refer to mental hygiene.

To quote Sanger Brown:

"If a small child before school age is left with someone in the neighborhood while both parents go to work, he receives very few favorable home influences, and is likely to grow up entirely untrained. Such children

learn very little discipline; the hours of meals and of sleeping are most irregular, for example; and in many ways they fail to receive training, or to acquire habits of action which enable them to get along with others who have had such training. When they come under the regularity and system of the school they are quite unprepared to comply with the regimen. Such children are likely to be very difficult; and if allowances are not made for them while they are being instructed, conflicts arise. If they do not receive proper training in their earlier years of school life, it is difficult for them to acquire it later. They do not fit in well with the group, and therefore maladjustments result.

"Children who do not have proper guardianship suffer in other ways. From early years they are often obliged to look out for themselves as to their ordinary needs and desires. They begin to work as soon as they possibly can be of value to any one and are imposed on by adults. The immature mind of a child competing more or less with an adult often acquires the undesirable qualities rather than the good ones. If the child goes on in this way for some years, he learns a great deal of trickery and slyness, especially if he has been involved in a few delinquencies. When he becomes an adult, if his tendencies remain uncorrected, he continues in delinquent ways. The condition is not to be considered inherent but acquired. Before puberty, if such a child can be taken out of his surroundings and brought under proper influences, there is reason to believe that he will turn out favorably; but after he has reached puberty and left school, he becomes independent, and a desirable outcome is less probable. In any case, in view of the environment and early psychologic influences, one surely should hesitate to consider such cases as inherent. A study of character formation and personality which takes into account the first ten years of life is most profitable in interpreting the characteristics of the mind as we find them in adult life.

"It is by no means in the neglected homes or in cases of improper guardianship that all of these unfavorable psychologic influences exist. Often in the best of homes, with the oversolicitude of parents for their children, or with an unhealthy mental atmosphere from various causes, influences quite as unfavorable, from the psychologic standpoint, occur, and certainly delinquency is not confined to children from the poor homes."

I know of no more clean-cut example of the failure of the supervision of children because of its inability to recognize the value of mental hygiene, than the present-day care of our institutional child.

It has been my fortune for some years to be connected as medical consultant, under Dr. William Palmer Lucas, of the University of California, with certain of the child-caring institutions of San Francisco.

Nothing was more appalling to me than to see a child apparently a normal, healthy, individual little human being, come to our clinic for admission to one of the homes, and then to see him deteriorate in less than two or three months into a mentally starved, mentally stunted little scrap of living tissues with every spark of individuality most thoroughly and efficiently eliminated from his small make-up. Why

is it necessary to "institutionalize" a child? Everyone recognizes nowadays the advantages of the home care of the dependent child over that of the institution; but as has so often been pointed out, it will be many years before the system of child placing will be so perfected as to completely eliminate the institution. And in the meantime are we to go ahead turning loose in the world such mentally "house cleaned" little people? Further, in case one is fortunate enough to have found a real home for a child, he should still be watched from the mental side to see that the best opportunities are afforded him. The remedy for both the situations is the attaching to every child-caring institution and every child-placing organization the services of a trained psychologist—a mental hygienist.

By a mental hygienist, I do not mean simply the person capable of making the Binet Tests. Nothing is more fallacious to my mind than the cataloging of children by this means alone; and yet in my experience it is very, very frequently done. It has seemed to me as though the investigators in this field, valuable as it is, have lost sight of the truly psychic side of the child as an individual.

As it is expressed by Sanger Brown: "Valuable as psychologic surveys are to determine mental age, it should be appreciated that they are in no way adequate for the complete mental examination of the child. A child may make a good showing intellectually, but emotionally be very unstable and neurotic. Such a child may also be in advance of his grade, but have very little social experience and be unable to get along with his fellows. Ill-nourished nervous children are not infrequently in advance of grade, and any examination that measures the intellect alone without a thorough investigation of the physical, social, and emotional condition is incomplete."

The group of children with one or more years retardation is perfectly definite and a great deal of progress has been made in educative matters in relation to them. Physical and environmental defects are remedied as far as possible, and the Board of Education co-operates to see that they are given special instruction in the schools. But there is a tendency to feel that all has been said and done when a child is graded normal. Every one of us meets the child who is unquestionably abnormal and yet grades normal. To elicit from many psychologists a mental picture of that child is one of the most difficult manoeuvres with which I am acquainted.

The ordinary physician is neither sufficiently trained nor capable of diving to the bottom for the various mental, psychologic variations, and intelligently weighing their respective influences and fundament-

al causes. To my mind there is a great field little occupied for intensive work, for active co-operation with the physician who ministers to other than bodily ailments.

This brings me to the opportunity offered by the Health Center. Realizing actively this opportunity at the recently established Mount Zion Health Center, we felt a great chance would be wasted if possibilities for educational work in mental hygiene were not intensively studied. The plea for an associate mental hygienist to every form of infant welfare whether of the clinic, the institution, the dispensary, the court, the hospital, the health center, and finally the home (for the last named is really the ultimate fundamental "infant welfare" institution), was in this case granted. For many years Dr. Lillien Martin has had the supervision of the Department of Mental Hygiene at Mount Zion Hospital and Dispensary. With the establishment of our Health Center, Doctor Martin at once suggested that she devote the necessary time to cooperating with the agencies set in motion for the success of the plan. It is an entering wedge which I hope soon to have record its influence, first in all the Health Centers, and then in all allied child welfare organizations.

We feel that if every child needs supervision to keep its physical health, then every child needs an equal amount of supervision to guard its mental health, or to intelligently prescribe remedies for defects which have already been allowed to creep in. And I would like to emphasize again that this does not mean determining simply how that child grades according to a given scale. It means so much more than that. It means an active investigation of the home conditions; it means the same of every individual with whom that child comes in contact; and it means an analysis of these data, and the child's twenty-four hour day, with instructions for their betterment.

Doctor Bridgman, in a recent article detailing the findings in her survey of San Francisco school children, emphasizes this point as follows: "But an age scale, of which the Binet Scale is most commonly used in some of its forms, is not in itself sufficient to determine the actual mental status of an individual. Certain factors may enter in and serve to make this method alone inadequate and misleading. For example, a child in whose home a foreign language is habitually spoken will probably fail to use the English language as readily as will a child from an English speaking household, and hence will appear less capable if tested without taking this one fact into consideration. Again, there are many children among the failures in life whose difficulty consists in a serious nervous instability, and a lack of mental and physical control. These children frequently fail in tests be-

cause of restlessness and poor attention, and hence give the impression of having poor intelligence, whereas the real difficulty lies in their failure to make use of such ability as they possess. Then, too, ill health may make a child apathetic and slow mentally, so that the results of a mental examination may be quite unfair, unless supplemented by a careful consideration of his condition otherwise. And, finally, the home training of a child has an undoubted effect on the quality of his performance. The dull child from a careful home may have been drilled and coached systematically until he makes a far better impression than his real ability deserves, while an untrained child may make a poor impression because of a lack of formal opportunities in his home. So if a mental examination is to be of real assistance to the individual child's problem, it is necessary to consider all of the other factors involved in making him what he is. Hence the child is further questioned as to his interests, his amusements, and as to the special advantages which he may have enjoyed outside of the school. He is also tested by being given mechanical and manual tests, so that, if a foreign language is interfering with his ability to answer questions well, he will still have an opportunity to show what he can do without the use of language. ..... Then, added to the facts obtained from the child, there must be information from others with whom he comes in contact as to his general character, and as to his relation to other children and as to his home surroundings, with special reference to the social and moral standards of his parents or relatives. So it will be seen that the individual mental examination, to be satisfactory and fair, is a comprehensive affair, corresponding more and more with the tendency to judge of feeblemindedness by social standards, rather than by mental, or intellectual methods alone."

Comprehensively, in a few words, our Health Center means the admission of a child, a history of its family, and of its past life, a physical examination, recommendations for the correction of defects, and instructions as to diet and hygiene. It means, further, an investigation into every aspect of that child's mental life and mental and social environment, with a psychological classification, and recommendations as to corrections by, which is very important, a person sufficiently trained and fundamentally interested enough to do it. And then it means the insistence in the home by a trained medical visitor, and a trained mental hygiene visitor, that these two sets of recommendations are carried out.

We feel that this offers great possibility for the welfare, physical and mental, of that child to whom we are giving every opportunity for becoming a physically and mentally healthy human being.

Mother and Child Health Talks

Number 1.

The Mother as a Teacher of Child Health

Joseph S. Wall, M. D., Washington, D. C.

Of the three cardinal causes of loss of life and loss of health in infancy and childhood—ignorance, poverty and neglect—the greatest sin, if it might be called such, is ignorance. Ignorance visits its iniquities upon thousands of innocent victims, and is almost inexcusable in the light of present-day knowledge and the possibilities for making available such knowledge of child care.

Teaching the principles of child care is the purpose of the 2400 members of the American Child Hygiene Association. Their pupils are the mothers of the present day, to whose eagerness to learn, earnestness of cooperation, and intensity of effort to promote their babies' health, must be paid a tribute for which the written word seems inadequate.

Whatever has been accomplished in the past decade, and whatever may be accomplished in future ones to preserve child life and child health, will be due to the individual efforts of individual mothers.

The expert knowledge which doctors and well trained nurses possess must be made available to the child through the medium of the mother herself.

Every mother should be taught of mothercraft all that she can learn. An effort will be made in these pages to teach the lessons of child care in intelligible terms to each and every mother who can be reached and to say to her. "You should know these simple principles of child health."

You should know the five stages of child life and the particular attributes of each period which may affect the well being of your child.

These stages are the prenatal (the unborn stage), the natal or birth period, the postnatal or infantile, the preschool, and the school age.

You should know that the prenatal life of your baby may be fraught with dangers which may result in premature birth with its heritage of terrible frailty or even of lasting disease.

You should know that the prenatal period is not only one of importance to the expected baby, but of paramount importance to the mother, whose life or health may be sacrificed by neglect.

You should know that in the constant fight to reduce the perils of pregnancy relating to both mother and child, the early supervision of the expectant mother is imperative. There are methods of detecting abnormal conditions as well as those for correcting such abnormalities, but to be useful they must both be applied early.

You should know that the natal period, the act of birth, should be considered as an event of such importance that every detail of its management relating to your home or hospital, your attendants, physicians and nurses, should be arranged on the basis of skill and safety and not of cheapness, which spells inferiority of service and possible disaster to both mother and child.

You should know that mother's milk is vastly superior to any imitation conceived by man. It is possible for most mothers to nurse their babies for the larger part of the first year. Nearly every mother can partly nurse her infant with the help of suitable complemental, or helping-out feedings, for an equal length of time.

You should know that there have been

developed methods of increasing the breast milk other than the taking of inordinate quantities of food and drink, and that these methods, if faithfully performed, will not only preserve, but increase the milk supply.

You should know that cow's milk properly modified and adapted to your particular baby's needs, is the best, although a greatly inadequate, substitute for breast milk. It is your duty to know of the best and cleanest milk your community affords; to seek from your local health department the standing of the dairy which supplies milk for your child; to know how to pasteurize questionable milk, if such is the only supply available.

It is your duty to know when and how to begin the process of weaning; when and how to introduce foods other than milk into the baby's dietary, and what such foods should be.

When baby grows into the runabout stage, the same careful regimen of food and habits must be entailed, and you should be alert to see that the child of preschool age is still considered and treated as a child, not as a diminutive adult who eats "some of everything on the table," dines with the family in the evening, and goes to sleep when the adults retire.

The preschool period is the age of enlarged tonsils and adenoids, decaying teeth, frequent colds and running ears. You should be alert to prevent such "defects," as they are called, many of them "left overs" from faulty care during the infantile period, or, if they exist, to secure immediate medical advice from competent authorities.

Your solicitation shown during the baby's first year concerning proper and orderly growth in weight and height should not lapse when the baby scales are outgrown. There are equally desirable standards of height and weight to be attained by the child in each succeeding year, and should he lag behind or become "undernourished," you should know of it in order that the cause of such physical backwardness may be removed.

When the child enters school, if the medical inspection service is adequate, you will obtain skilled aid in helping you to preserve the valuable asset of child health, but your burden of responsibility must not be shifted to the school authorities.

You should know how to detect the early signs of illness; how to take the temperature; how to inspect the throat; when to keep the child from school.

You should know the "period of incubation" of the contagious diseases of childhood, the better to be able to avoid contact with such contagions. This is the time which elapses between exposure to a contagious disease and the actual "coming down" with the illness.

You should know the value of early culture of the throat to determine what germ may cause the illness.

Many diseases are absolutely preventable; small pox and typhoid fever need not affect your child when the preventive vaccine of each has been administered; diphtheria will probably be soon just as effectively controlled, and in much the same manner.

It is your duty to know of each and every advance made in preventing diseases and to afford this protection to *your* child.

You should know that "eat more" campaigns, such as "eat more raisins", "eat more yeast", "eat more (so-called) vitamines", and so forth, are fabricated by clever advertising managers of purely commercial organizations for profit alone.

Each mother into whose hands these subsequent lessons may fall should seek through them greater knowledge of mothercraft, deeper learning in child culture, and in turn, endow her child with the fruits of her broader knowledge of the rules of child health.

MOTHER AND CHILD

A Magazine Concerned With Their Health

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FEBRUARY, 1922

The City and Mental Health

TO one who has read Knut Hamsun's "Growth of the Soil" can easily forget his indictment of the city, told not so much in the words as in the action of the story. But it was the moral and physical deterioration of those who came in contact with the city that Hamsun especially described; he did not delve deeply into the so-called psychology of his characters, which, for a modern novelist, presents a refreshing attitude.

That the effect of city life on the young is something which, in its psychic results, at least, cannot be ignored, was stated by Sister Katherine McCarthy, O. S. B., Ph. D., at the Seventh National Conference of Catholic Charities recently held in Milwaukee. Speaking on "Development of Homes for Study and Observation of Problem Children", Sister Katherine said:

"To the outsider it may seem that there is too much talk nowadays about individual study of boys and girls and individual treatment, consideration of emotional values and what not. A decade or so ago this was not the case. But is it not also true since the day when the boy went to the wood pile and sawed and split the wood, carried it in, kindled the fire, and went his way whistling and happy, that life has become more and more complex and artificial, if we may use the word? It is a long way from those days to our days of the gas range and the electric cooker timed to heat by a clock and working with almost human efficiency, yet the homely activities of a quarter of a century ago gave just the kind of simple, natural activity that kept a boy and girl wholesome, sound and sweet, rendered competition or measuring up with other people almost negative, and afforded useful activity for the most gifted. We are becoming a nation of city people instead of rural. Quite recently I heard the statement that you can move a person from one environment to another, and make him feeble minded by his inability to ad-

Cumulative Index to Volume Two of Mother and Child may be obtained from the Association's Office on request.

just to higher environmental demands."

Dr. Helen MacMurchy, in her interesting book "The Almosts", shows how certain novelists such as Scott when they accurately described the simple creatures of the smaller towns who learned to do "one thing well", anticipated modern psychologists in realizing the educational limitations of the feeble-minded. There is a great deal of evidence both in fact and fiction to justify Sister Katherine's plan for the education of the moron in those simple tasks to which he is suited by his mental limitations. Apparently the city is no place for the individual of retarded mentality, and science is once more verifying the lesson of a novelist—Hamsun—who, though not attempting the neo-scientific or psychological, succeeded in being both.

A Membership Obligation

WHILE the membership of the American Child Hygiene Association includes persons in various walks of life, and the membership roll is diversified racially, geographically, and otherwise, there is one particular in which all members are on the same plane and that is in the implied obligation to spread the doctrine of child hygiene by every possible means in their power. This obligation rests upon every individual in the organization and is not the function of any particular committee, or executive.

At the New Haven meeting it was decided to ask each member to obtain one or more new members and subscribers to Mother and Child. This is in fact a simple and practical way in which to discharge the obligation of membership. Few people have time enough or wealth enough to begin individual campaigns for the teaching of child health, but there is scarcely an individual who is not able to persuade some other person to become interested directly in this work and to learn something of it and its possibilities.

The publications of this Association, including its Transactions, attendance at its annual meetings when possible and the reading of its monthly magazine, Mother and Child, afford abundant opportunity and variety of information concerning the day to day progress of the movement for child health throughout the world.

It is the duty of every member to endeavor to secure as many new members as possible and it would be to the advantage of every affiliated society to have its Board of Directors as well as its Executives and administrators become individual members of this Association.

It will be easy to double our membership within the next year if we have the proper cooperation. But it cannot be done except through the individual action of the individual member.

—JOHN FOOTE.

The Day's Work

NOTICE TO PHYSICIANS

The attention of physicians is called to openings in the Federal Children's Bureau for specialists in child hygiene, with salary of from $2400 to $4000. Applicants should send at once to the Civil Service Commission, Washington, D. C., for examination form 2118, as the receipt of applications closes February 14, 1922.

A NEW CHILD WELFARE FILM

"The Rights of Childhood" is a motion picture drama on child hygiene, in four reels, produced in 1921 in Europe by the American Red Cross in cooperation with the Rockefeller Foundation Tuberculosis Commission to France. This motion picture was written and supervised by Mr. Edward Stuart. It is far and away the best film on child welfare that has yet been produced.

The purpose of this film is to instruct the public on the value of child welfare centers, mothers in the care of children and infants, and children in general hygiene. The points on hygiene are all held together by story in order to hold the interest of the audience with the very best acting available in France, together with photography and lighting as employed in the best commercial films.

The story is of a French doctor who, in the days before the story begins, left his child to the care of ignorant servants. Details of the improper care which was given are shown, resulting in the child's death. The doctor devotes the remainder of his life to child welfare, and organizes a large child welfare station in Paris where his niece, Martha, who is a doctor, assists him. She has a small son, Pierre, several months old. A girl, Jocqueline, who has become orphaned is brought to the welfare station and is cared for by the doctor's niece. She quarrels with her husband, and he takes Pierre away.

Pierre is brought up badly in luxurious surroundings by his father, while the girl is brought up hygienically by Martha, in modest surroundings. During this time details of their care are shown as well as details of the operation of the child welfare center, and the demonstrations given to mothers.

The improper treatment of the boy results in his becoming tubercular and his career is a great contrast to Jocqueline's who becomes very strong and active, and takes a very lively part in rescuing the boy who has been abducted in a stirring dramatic story of Paris and Southern France.

An interesting feature of the film is the acting of the two six year old children taking the respective parts of the boy and girl.

Further information in regard to the film can be obtained from the

American Red Cross, National Headquarters, Washington, D. C.

WHY REGISTER BIRTHS

In a recent statement emphasizing the importance of birth registration the registrar of the Alabama State Bureau of Vital Statistics says that since the beginning of 1921, birth statistics have been requested from his office for the following purposes:

Adjustment of soldiers' compensation	85
Proof of right of inheritance	7
To secure admission to schools	6
To establish proof of American citizenship	5
To secure passports	2
For other legal purposes	30

(*Montgomery Advertiser, November* 27, 1921.)

TO ENCOURAGE REGISTRATION

The Secretary of State of Massachusetts is striving to secure more complete birth registration by sending out notices to parents, calling attention to the provision of the law which requires parents and householders, as well as physicians, to report births to the clerks of the towns in which they occur. (*Boston Medical and Surgical Journal, November* 17, 1921.)

MORE NUTRITION CLINICS NEEDED

According to the statement of the Anti-Tuberculosis Association, a survey of the children in the local schools of the District of Columbia has shown that out of 5,000 children examined, one-third were underweight for their height. Six nutrition clinics are conducted in the city, and as many more are needed in order to give one clinic for each school division. (*Washington Post, December* 8, 1921.)

SCHOOLS FOR CRIPPLED CHILDREN

An act authorizing and empowering any school district in the State of Minnesota to provide for, establish, conduct and maintain schools for crippled children in such districts and appropriating money therefor was passed by the 1921 legislature. The teachers and nurses appointed to these schools are to be under the direction of the Commissioner of Education, and in addition to the usual qualifications, are to possess such special training as he may require. The sum of $200 for each child is to be paid out of the State school fund to the districts maintaining such schools. (*Session Laws of the State of Minnesota.*)

FOOT DEFECTS IN SCHOOL CHILDREN

An examination of the feet of the pupils in one of the public schools of New York City was recently made under direction of the divisions of physical training and of child hygiene. Three hundred and fifty-six pupils were examined, ranging from grammar school grade to teachers' training classes. A large number of foot defects were found. About 70 per cent were found to have weak feet, and

75 per cent were classified as wearing faulty shoes. Only seven per cent of the whole number were marked excellent in the matter of general carriage. Most of the deviations from normal were of a character which would admit of correction or cure, if properly treated. The results show the importance of attention to the subject on the part of parents, school board and public health authorities. (*Weekly Bulletin, Department of Health, New York, November 26,* 1921.)

COLORED PUBLIC HEALTH NURSE

The Methodist Church, South, is cooperating with the Bureau of Child Hygiene and Public Health Nursing in the support of a colored nurse, who has been demonstrating the work of a public health nurse in Sumter for the past few months. So much interest has been created that the associations and clubs of colored men and women in the city have formed an organization for the support of a permanent nurse. (*Public Health Nurse, November,* 1921.)

CHILDREN'S BUREAU REPORT

The ninth annual report of the United States Federal Children's Bureau made by Miss Lathrop, retiring chief of the Bureau, to the Secretary of Labor, sets forth the cooperation which the Bureau has effected with various governmental, State, and private agencies, and urges further correlation and cooperation in child welfare work. The achievements of the Bureau during the last year are described under each of its five divisions, and progress in the Bureau's first child welfare study in our island possessions is reported.

The work of the Child Hygiene Division for the year includes an account of the children's health conferences conducted in small towns and rural communities by the staff of the Bureau's "Child Welfare Special", a motor truck fitted up for health consultations. A total of 1,990 children were examined in a section of Kentucky, and numerous cases of malnutrition were found, even among the children of the well-to-do farmers. Personal instructions were given to mothers and teachers in the proper feeding and general care of children, and efforts were made to see that permanent, active interest in child welfare measures was established. In Arkansas the "Special" made its way through floods, and over bad roads and steep mountains, reaching six counties in which 1,228 children were examined. As a result, the report states, several communities are undertaking follow-up work..

The principal studies of the Industrial Division during the year were concerned with child welfare in coal-mining camps and cotton-growing, sugar-beet raising and truck-farming areas. The report calls attention to the injurious effect of too early and too heavy labor, in agricultural no less than in

industrial pursuits. An important piece of work accomplished through the Industrial Division was the preliminary report of the committee appointed by the Bureau to formulate standards of normal development and sound health for children entering employment, and children at work. These recommendations will be revised from time to time in the light of further knowledge.

The child welfare study in Porto Rico, undertaken by the Bureau at the request of the Commissioner of Education of the Island and approved by the Governor and the Bureau of Insular Affairs, is taking the form of a Children's Year demonstration, with plans for repeating the various features which proved effective here in 1918-19. It opened with recreation, special emphasis being placed on athletics and active sports in close co-operation with the teachers.

Miss Lathrop believes that the widening sphere of the Bureau's influence and the increasing demands made upon it call for an expanding program, and she recommends three new services. A division of legal research is needed which would enable the Bureau to follow and promptly report and analyze the State statutes affecting children; expert service in the field of recreation is needed for determining suitable types of recreation to be provided at public expense or under public supervision; and an exhibit expert is needed on the staff of the Bureau in order to adequately present to the public the results of the scientific studies of the Bureau. "Little gray pamphlets filed away in orderly fashion," Miss Lathrop says, "do not answer the taxpayers' demand for effective service."

For the past three years the bureau has been operating under substantially the same appropriation, which is almost $150,000 less than was available during Children's Year. For the fiscal year ending July 1, 1923, a total appropriation of $642,860 is recommended, to care for the new services and the developing needs of the existing divisions. Word has just come that the budget presented to Congress by President Harding, on the recommendation of Director Dawes, calls for an increase of $50,000 in the bureau's appropriations, which would make the amount available for 1923, $321,040.

Since Miss Lathrop's report was written Congress has enacted the Sheppard-Towner law for the promotion of the welfare and hygiene of maternity and infancy. This will call for an additional appropriation to the Children's Bureau for the current year of $1,480,000, $50,000 of which will be available for Federal administration, the balance to be apportioned to the States. The bureau thus enters upon its tenth year with a greatly increased opportunity for effective work for the children of the country.

The Foreign Field

England

The Children's Bureau has received the following communication from the British Embassy in Washington under the date of November 12, 1921:

"The British Government has declined the invitation to join the International Association for the Promotion of Child Welfare, plans for which were formulated at the recent International Child Welfare Conference in Brussels, for the following reasons: The establishment of a new international association and bureau, independent of the League of Nations, appears to involve a breach of the spirit, if not the letter, of the article of the Covenant of the League which makes provision for placing all such international bureaus under the direction of the League; the constitution of the Association is likely to give rise to grave difficulties, because the official representation of the countries concerned would form so small a minority of the governing body set up to control the work of the office, arrange congresses and prepare proposals for international action—a defect in organization eliminated by placing such organizations under the League of Nations; the expense of setting up an independent bureau is bound to be high, whereas the work might be done at much less cost by associating it with the other social work connected with the League. The British Government recommended careful examination by the Assembly of the League of Nations, before any action should be taken."

DREYER'S FITNESS TEST

The practical value of Professor Dreyer's method of assessing the physique and physical fitness of an individual is explained by Dr. A. A. E. Newth who, in March, 1920, used the Dreyer method in conducting an investigation with regard to the nutrition and physical fitness of large typical groups of Nottingham boys and girls of school age. Doctor Newth says that "the conclusions which it has been possible to draw by the examination of comparatively limited material seem to indicate that the new method of examination will bring to light definitely valuable information from the point of view of the school medical officer, although this is only one aspect of the possibilities which lie behind these methods."

"Professor Dreyer has demonstrated that certain definite relationships exist between the four factors, weight, sitting height, chest measurement and vital capacity. He has worked out the whole question with great thoroughness and has epitomized his observations in tables, which enable one to assess the physique and physical fitness of

individuals of all ages and stations in life. The technique is described in Professor Dreyer's book, "The Assessment of Physical Fitness."

"Weight is taken as net weight in grammes, without clothes; if a garment is worn, its weight is deducted.

"Sitting height, taken in centimetres, preferably by the special measuring apparatus, is the height from the ischial tuberosities to the top of the head with the subject in sitting position with the knees slightly bent. It is an accurate estimate of the trunk length. Professor Dreyer proves that this is the measurement which is essential as opposed to standing height (i. e., top of head to the sole of the feet) which is usually taken in assessing physique.

"Chest measurement is the circumference of the chest in centimeters during normal breathing, and not at the end of expiration or inspiration.

"The fourth factor—Vital Capacity (usually abbreviated "V. C.")—is used to indicate the maximum of air an individual is able to expel from his lungs by voluntary effort after taking the deepest possible inspiration. It is ascertained by means of the spirometer—that of Boulitte, of Paris, being the apparatus that is used."

"It should be added that all the measurements can be made by any intelligent and careful nurse, after a few minutes' instruction with occasional supervision." (*The Medical Officer, November* 19, 1921.)

Germany

Young People's Week will be celebrated in Berlin December 12-19, 1921. Lectures by specialists in various kinds of welfare work with young people will be given, with the purpose of arousing public interest, and there will be an exhibit, which will present in concrete form the things needed for the proper mental and physical development of adolescents. The general subject of the welfare of young people is receiving much attention in Germany. (*Deutscher Reichsanzeiger, October* 10, 1921.)

Finland

LEAGUE FOR CHILD WELFARE

General Mannerheim's League for Child Welfare, inaugurated in October, 1920, had, in August 1921, a membership of over 12,000 and thirty organized local sections. Its declared object is "By the promotion and encouragement of voluntary effort in the sphere of child welfare to foster, as far as possible, the healthy development, bodily and mentally, of the coming race in so far as the work is not undertaken by the state or local authorities, by law or special enactments. The promotion of rational care of infants and young children, and the co-ordination, direction and strengthening of measures for the moral education and training of older children."

The local sections have a large measure of freedom in regard to their sphere of operation. Special importance is attached to the establishment of maternity and child welfare centers, and courses of intensive training in all matters connected with motherhood are organized for qualified nurses and mid-

wives, as well as other interested persons. A travelling bureau of information has already begun to work, its personnel including a trained nurse who gives short courses of instruction to young and expectant mothers. (*Maternity and Child Welfare, November,* 1921.)

France

JULY CONFERENCE

An International Congress for the protection of infancy and maternity has been called by the French League against Infant Mortality, to be held in Paris, July 6-8, 1922. Among the subjects to be considered are prenatal care, the protection of mothers in industry, protection of children separated from their mothers, the work of private agencies for child care, clinics, and visiting nurses. (*Paris Medical, October* 1, 1921.)

MORE HYGIENIC SCHOOLS

L'Hygiene par Example is a new society of which the first annual report has just been issued. It was organized to cooperate with other private agencies and with the government in promoting health, more especially among school children. The subjects for which it works include practical instruction in school hygiene, hygienic conditions in school buildings and the provision in every new school of bathing facilities. It has inaugurated movement for open windows in schoolrooms, which is something entirely new in French schools.

Czechoslovakia

An automobile clinic is operated by the Lady Muriel Paget Mission in conjunction with the League of Red Cross Societies. The clinic began its work in May, and in three months it covered over 3,000 miles, serving eleven villages and about 2,000 children. The staff consists of three nurses, an interpreter, and a driver, and secures the services of local doctors or the nearest doctors available in each town. (*Bulletin of the Red Cross Societies, Geneva, September,* 1921.)

Holland

A series of lectures on child hygiene was announced to be given during the month of October, in a number of cities in Holland, under the auspices of the Dutch Association for the Protection of the Health of Children. The purpose of the lectures was to bring to the attention of physicians, students of medicine and the general public the importance of the public health problems relating to children. (*Paris Medical, October* 8, 1921.)

Switzerland

An International Bureau of Out-Door Schools has been formed in Switzerland for the purpose of helping the movement for out-of-door schools throughout the world. It is intending to make a comparative study of the general effects of closed and open school rooms upon the health of pupils. (*Pro Juventute, October,* 1921.)

Philippine Islands

A four-days' convention on infant mortality opened in Manila on December 6, under the direction of the Bureau of Child Welfare. The conference was the beginning of an effort at concerted action on the part of the government, the women's clubs, and welfare organizations to reduce infant mortality. One baby in three born in the Philippines dies before it is a year old.

The Federation of Women's Clubs and the Woman's Club of Manila have petitioned Governor General Wood to ask the legislature to appropriate 150,000 pesos for extension of club work in the provinces. The clubs have done much work in teaching child care, personal hygiene and sanitation.

Through the influence of club women, an annual Mothers' Day has been appointed by decree of the Governor General to be observed the first Monday in December of each year. (*Women's Club Supplement, Manila Daily Bulletin, October 27*, 1921.)

New South Wales

PROPOSED ENDOWMENT BILL

A Motherhood Endowment Bill has been proposed in the Legislative Assembly. Under the terms of the bill, every mother of three or more living children shall be entitled to receive for each child under fourteen, other than the first two, the sum of six shillings a week, to be applied towards the maintenance of such child. Mothers are eligible to receive the allowance only in cases when the family income is less than an amount determined by adding to the "living wage" for males, as fixed by the Board of Trade on the basis of the cost of living for a family of husband and wife and two children, the amount the mother could claim on account of her children; and if the family income exceeds the living wage, but is less than the amount so determined, the bill provides that the allowance, together with the family income, shall not exceed this amount.

The bill also makes provision for the care of needy children whose mothers are dead or, if alive, fail to support them, and for widows with one or more children whose income falls below an amount determined in a manner similar to that for married mothers, except that the "living wage for females" is used as the basis of the calculation. In these cases the weekly payment may be increased to ten shillings a week, if the Minister considers that circumstances warrant. The same provision is made for the care of illegitimate children without adequate means of support, the aid being payable to the mother or to some person approved by the Minister.

Certain limitations as to the status of applicants in regard to nationality, citizenship, residence, character and so forth, are established. The administration of the bill is vested in the Minister for Public Health and Motherhood.

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HYGIÈNE DE L'ENFANT
Éviter de surcharger le bébé de vêtements.
Tous les vêtements doivent être amples et lâches et non étroits.

Rebuilding France

IN a little corner of Northern France close to the Belgium border, in three towns—Lille, Roubaix, and Tourcoing—under the French, and the American Red Cross, the work of rebuilding the health of the children went forward last spring when a child health exposition was held in each town. Poulbot, the great French cartoonist, drew these pictures, to be used there as posters.

MOTHER AND CHILD

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Vol. III. MARCH, 1922 No. 3

Children of the Philippines

Their Care by the Public Welfare Commissioner

Jose Fabella, M. D., Commissioner.

THE Office of the Public Welfare Commissioner of the Philippines is primarily designed as a government agency to look after child welfare, and to effect the reduction of the high rate of infant mortality in the Islands. It combines under its jurisdiction the activities undertaken in the past by the former Public Welfare Board and the Bureau of Dependent Children.

For some years child health and the high infant mortality has claimed the attention of the Philippine government. Special committees have been appointed from time to time, with suitable funds to investigate the causes of and the means to combat infant deaths, and in 1915 the Public Welfare Board was created by act of the Legislature for the purpose of coordinating, as far as practicable, all efforts of government and private agencies interested in public welfare or social work. This board then became the government agency controlling the public charity funds which were distributed to semi private agencies doing charitable work, such as the Tuberculosis Society, the "Gota de Leche" or Milk Station, the Women's Clubs, and so forth.

In 1916 the government appropriated $500,000 for the protection of infants in the form of granting aid to child hygiene centers.

In 1917 a government orphanage was established for the purpose of taking care of destitute and dependent children.

In 1919 the administration of funds for the protection of early infancy and the establishment of child hygiene centers, and other child welfare agencies, was transferred to the administrative control of the Secretary of the Interior, and all works relating to the protection of infancy were taken care of by the Public Welfare Board, until, in 1921, as a result of a report and recommendations made by the secretary of that board, the above-mentioned offices, performing allied functions, were grouped to-

gether and placed under the new office of the Public Welfare Commissioner.

The office has three main technical divisions: Maternity and Child Welfare, Dependent Children and General Welfare. The functions of each can be inferred from the name each carries. In addition to these, there is an Administrative Division and a Nurses' Service Section. The office will attempt the following program:

1. To furnish advice and to standardize all work relating to maternity and child welfare in the Philippines.

2. To see that in every municipality with over 30,000 population, a child hygiene center is established, which will serve as a demonstration center for the neighboring towns, and furnish the general public with the best modern methods of protecting infancy. In this way it is hoped that at least a million of the population can be furnished with this kind of service at the start.

3. To help re-organize and carry out more effectively the work of child hygiene institutions already established.

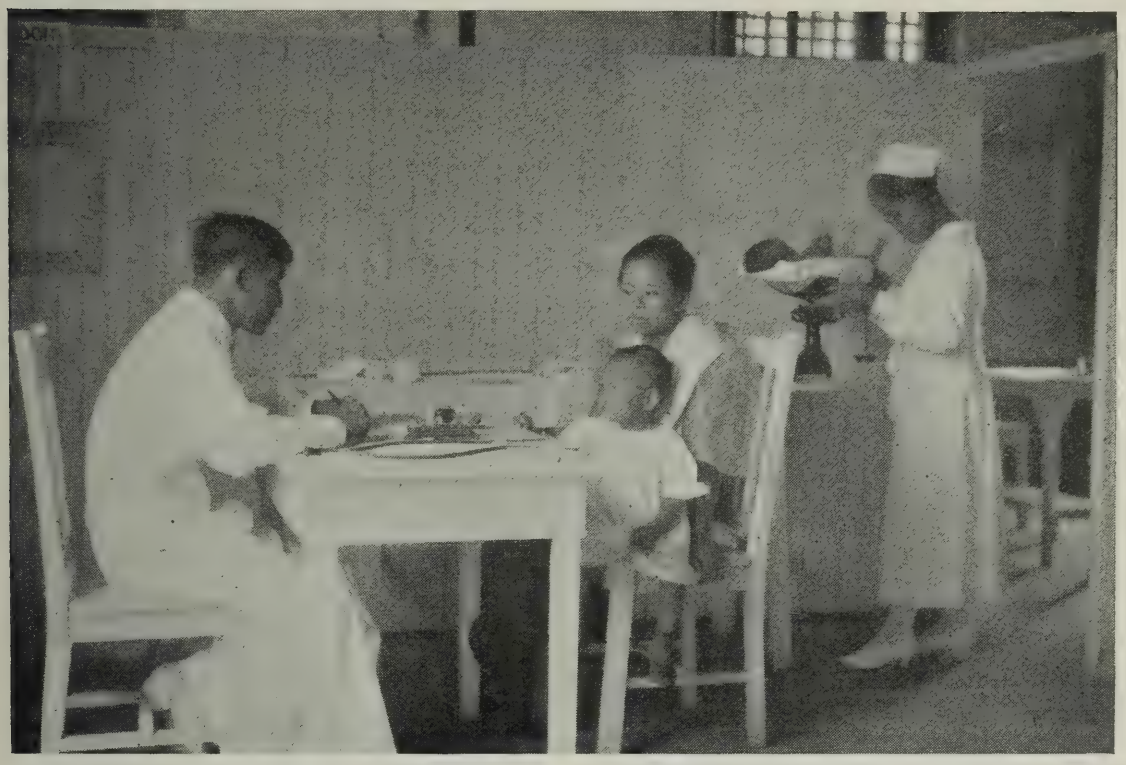
4. To carry out demonstration work in order to show the public how plans of reducing infant mortality might be carried out in order to produce good results.

A puericulture, or child health center, is an establishment whose functions are: (1) to furnish information to mothers regarding care of children before and after birth; (2) to teach them how to prevent diseases; (3) to teach them how to care for their children in case of sickness. The Center is usually operated by a corporation composed of citizens of a town or prov-

ince. The corporation is governed by by-laws, and is partly controlled by the Public Welfare Commissioner when the Insular Government extends financial aid. Such a Center may have in connection with it a Maternity House, or hospital, to enable it to take proper care of mothers during confinement. A Center has for its technical personnel a physician and a nurse both familiar with the normal and abnormal conditions of children. If any departure from the normal is found, the doctor advises and the nurse demonstrates how the defects may be corrected. In small localities the physician might not be available at all times, but in every instance a nurse is available.

The office, during scarcely three months of existence, has undertaken the work of training physicians and nurses who are to carry out the work planned, and who will act as advisers, and demonstrators. This office is already doing demonstration work in the whole province of Bataan, by placing a nurse in each town to carry out the program adopted, and sending a physician to the town at least three times a week.

There is work in Iloilo carried on by an officer of this office to advise and carry out the program of a modern child hygiene center, and the maternity house connected with it. There are one physician and two nurses in the Center at Calapan, Mindoro. They are standardizing the work and demonstrating modern methods of child welfare. In response to the invitation made at the instance of



the Board of Directors of Pagsanjan Center, a representative from the office was sent to help solve some of their local difficulties. Arrangement has been made for the opening of a Center at Bocaue, Bulacan, in August, and demonstration work will soon begin at the Center and Maternity House in Cabanatuan, Neuva Ecija.

Manila is the center of our experimental work. In Sampaloc, Manila, we have a Maternity House and Child Welfare Center which can accommodate twelve patients at a time. The Center not only takes in maternity cases and children, but it also serves as a place for training physicians and nurses. The building is of the common type that can be acquired in any provincial town. We try to demonstrate in this Center that maternity and child welfare work may be carried on effectively without all the equipment and other facilities commonly found in first-class hospitals. The Center in this district gives daily consultation to mothers and children, and has an average daily attendance of fifteen children and three expectant mothers.

In the districts of Singalong and Tondo, Day Nurseries are maintained. In these nurseries working mothers leave their children below school age. In these places child hygiene centers are maintained, consultations being held twice a week. Each has an average daily attendance of twenty-five children, and one expectant mother.

There is a child hygiene center at Santa Ana and another in the Settlement House of the "Association de Damas Filipinas." By mutual agreement between this office, the "Association de Damas Filipinas" and the Red Cross, the Child Hygiene Center in the Settlement House, will soon be transferred to the Health Center of the Red Cross, where consultations will probably be conducted by the staff of the Public Welfare Commissioner's Office.

The division of Dependent Children of this Office maintains an orphanage at Macati, a town located between Manila and Fort McKinley. The Institution, although not ideal, fulfills the purpose of furnishing homes and instructions to the two hundred and fifty children living therein. A child is admitted when both parents are poor, or incapacitated from earning their living; when it is left destitute upon the death of the parents; or when for other causes it becomes dependent. Before a child is admitted into the institution, a thorough physical examination is made. After admission it is given training and education to fit it for the life outside of the institution. If it is over five years of age it is made to look after its clothing and other possessions while living in the institution. Thus its individuality is developed from the start. It attends the orphanage school which is operated under the same system and which has a curriculum similar to that offered

by the public schools. Industrial work is given along the lines of practical home duties and activities which may later be the main source of support of the child when it leaves the institution.

The office renders financial and technical assistance to various organizations. Financial aid is given only on condition that the institution shows evidence that the administration is efficient, and that a reasonable amount of its funds are derived from private sources. It is required to submit at regular intervals a statement of account, showing income and expenditures. The institution is subject to inspection by representatives of the Commissioner's Office who see to it that its activities are effectively and economically carried on.

This Office also acts as a distributing center, furnishing private organizations in the provinces with supplies of medicine and other things which they may require immediately in carrying out their respective welfare activities. Puericulture, or child hygiene, work in the Philippines is being developed and extended with enthusiasm among the professional workers and with splendid cooperation by the people of these Islands.

Child Welfare in Hawaii

V. B. Appleton, M. D.

Instructor in Pediatrics, University of California

A COMPLETE survey of health work for children in the Territory of Hawaii would be a long and arduous task because many agencies both public and private, and many philanthropic individuals are active in this work. Such an undertaking is not my purpose. I wish merely to call attention to a few of the more striking features which show some of the complex phases of the problem, and the splendidly fundamental way in which it is being attacked.

A visitor is especially impressed by the high degree to which rural work is developed. Usually city welfare work is well organized, but the country neglected. For this reason infant mortality in rural districts is often higher than in cities. In Hawaii the chief industries are agricultural. Two thirds of the entire population live on the plantations and in small communities. All the sugar mills and the greater part of the pineapple factories are built not in cities, but near the fields which supply them. Except for Honolulu there are no cities. Hilo is second in size with a population of only 10,651. Outside Honolulu, therefore, health problems are rural problems. One has to deal, however, with factory labor conditions in rural communities.

One has also to deal with a large foreign population. The figures of the Territorial Board of Health for 1919 show that but 8.6 per cent of the total population are Hawaiians, with an additional 6.2 per cent which are Caucasian-or Asiatic-Hawaiians. The greatest percentage of foreigners is Asiatic, with 41.7 per cent Japanese, 8.6 Chinese, 1.9 Korean and 8.4 Filipino. The Portuguese, Spanish and Porto Ricans claim 12.4 per cent, and the Americans, British, Germans and other nationalities 12.2 per cent.

Courtesy of U. S. Bureau of Education.

Hawaiian Children

Many unusual health problems arise from this preponderance of foreign races who, among the poorer classes at least, have a low standdard of living, and little knowledge of the laws of hygiene. Ignorance of child hygiene among these people no doubt accounts in a large measure for an infant mortality of 109.3 per 1000 births in a climate so equable, where children are not subjected to extremes of either heat or cold and where they live in the open air the entire year. The question of language alone is a great obstacle to adopting American standards. Health education must be slow and difficult where so large a proportion of the people do not speak English. The importance of solving racial nutritional problems can not be overestimated when one considers that in this land of perpetual verdure beriberi stands tenth in frequency as cause for death in the Territory, and is fifth among the most frequent causes of death for infants under one year of age.

While on a visit to the Island of Kauai my attention was first attracted to the remarkably well organized rural welfare and health work. I was delighted to find country schools with playground apparatus and organized sports, weekly medical inspection by a school

nurse, complete physical examination once or twice a year by a physician, school gardens and courses in domestic science. In addition to the school nurse, there are district, and tuberculosis nurses. The two plantations visited had each a full time social worker for its employees. One had a model village where proper sanitation and housing were demonstrated. The other had a well planned Community Center which emphasized recreation and medical inspection of the schools as well as a certain amount of dental work.

Much of the social and health work on Maui is centered in the Alexander House Settlement. A nurse from the settlement acts as school nurse in her district, and has charge of public health and child welfare activities. She visits the mothers in their homes and holds a baby clinic. A physical director from the settlement conducts both

Courtesy of U. S. Bureau of Education.

A Primitive Hawaiian Home

athletics. Kauai is an island having an area of some 547 square miles, with mountains more than five thousand feet high, and a population of 29,966.

The Island of Maui has an area of 728 square miles of rugged country, and a population of 38,000. Haleakala, the famous extinct volcano, has an elevation of 10,032 feet. The Board of Health has its tuberculosis nurses, and biannual community and school sports and games. Alexander House has a Boy Scout leader and a Girl Scout leader. The Director of the settlement inspects and supervises housing and sanitation. All schools have playground apparatus and eventually all are to have athletic fields. The plantation has gone a long way toward solving the problem of deficient dietary by providing milk to its employees at ten

cents a quart, and at two and a half cents for school lunches. This is very important to races whose diet has not included milk and among whom beriberi, a deficiency disease, occurs not uncommonly, because of a lack of vitamines in their food. Gradually these people are learning to use milk as they never would have done at market price. A plantation physician reaches preschool children through the day nurseries where little children are left while the mothers are at work. A complete physical examination is made and home conditions are investigated in each case. A weekly dental clinic is held at the settlement in addition to the dental service of the Board of Health.

DEFECTIVE BIRTH REPORTS

Prenatal work has not yet been undertaken, owing to the difficulty of language and of getting in touch with the cases. There is no organized midwifery system. Very often a midwife, even, is not present at the delivery. In the report of the Board of Health, it is stated that 323 more Japanese births were reported at the Japanese Consulate than were reported to the Board of Health. This shows how difficult it is to get at an accurate knowledge of the number of births and the number of deaths at birth or within the first few days of life, as there is no one who can be made responsible for reporting cases about which one knows nothing.

I shall not enumerate all the many welfare and public health activities in Honolulu, as city development is pretty uniform everywhere. Palama Settlement has its general, dental, and baby clinics, and its visiting nurses. A Dental Infirmary has recently been established in Honolulu through a private gift. In cooperation with it, dental hygiene is to be taught in the schools by persons trained for the purpose at the Infirmary.

The International Institute of the Y. W. C. A., in cooperation with all other organizations, is meeting the great needs of many races. The Women's Central Committee on Child Welfare is very actively interested in all legislation affecting children. It has also assisted the Board of Health in raising funds for school lunches for undernourished children. Last year this Committee organized a children's clinic providing medical examination for children appearing in the Juvenile Court. This clinic has since been taken over by the Board of Health. A high per cent of venereal diseases was found among these children. Immediately the Committee on Child Welfare began working toward the establishment of a Venereal Clinic under the Board of Health.

Two especially interesting intensive studies along nutritional lines are being conducted by the Associated Charities. A visiting housekeeper follows, with detailed case work, all families receiving the Mother's Pension. Another worker is conducting a special nutrition

class, in which children not only receive extra food at school lunches, and are weighed regularly at school, but home conditions are carefully studied in order to discover and irradicate underlying causes of malnutrition. Only a small group of children can be followed in this intensive way, but the work is extremely important because it is fundamental, and it should have far reaching and permanent results.

Psychology of the Pre-School Period*

C. Macfie Campbell, M. D.

"THE Psychology of the Pre-School Period" is too pretentious a title for the following remarks, which deal more with the practical problems that come to the attention of the physician, than with the general field of psychology. I shall say little about the various steps in the development of the child's grasp of the outside world by means of the various senses. I shall not take up the evolution of the function of speech, nor analyze the facts of memory and intelligence. I shall refer to some of the simple disorders of this period of life in relation to certain special topics, such as food and sleep and social life.

This may not seem to be psychology, for the food situation in this period is usually treated altogether from the standpoint of nutrition, as a physiological problem. The behavior of the child in regard to the topic is not specially studied by the physiologist. Behavior concerns the reaction of the individual as a whole; it is this side of the food problem that the psychologist is interested in. The food problem is not adequately formulated, if we merely consider the food taken into the child's stomach, and think only in terms of calories and vitamines. The food problem involves more than that: it involves the reaction of the child to the world outside; it is a test to which the child reacts well or ill; it may either lay the foundation of good or bad habits, and habits formed with regard to a simple test such as the food situation will be determining elements in the later character of the individual when other tests have to be met. The psychologist, therefore, who is interested in the balance of the adult's adaptation to the outside world, and tries to trace this balance to its elements, will be interested in studying the early modes of reaction of the individual.

In some children we see a very distinct conservatism and disinclination to try any new food, a tendency to cling to what is familiar. In some cases this is so marked that the mother finds herself unable to wean the child until the second or

*Address given at the Twelfth Annual Meeting of the American Child Hygiene Association, New Haven, November 5, 1921.

third year. In some cases we find a capriciousness, or sauciness, with regard to food. There are some foods which the child tends to refuse absolutely, and which the mother sometimes allows the child to refuse under the impression that it is a matter of little importance. There are some children who claim that they can not take milk, nor eggs, nor spinach, nor various forms of cereal, without there being the slightest evidence that these foods have any really detrimental effect. In this way many children determine their own diet, as the mother is influenced by the child's demands. In some cases the distinct aversion to a certain food may express itself by the child vomiting what is not acceptable, as if to reinforce his previous assertions. Nutrition is a simple problem of chemical and physiological adaptation. We see that, in addition, there is the problem of social adaptation, the ability of the child to adapt itself to a world with certain dietetic laws and certain social and family arrangements which must inevitably restrict the free activity of the child. The child with a capricious reaction, vomiting if forced to take food against which it protests, is learning to impose its personal wishes on the environment rather than to adapt itself to the environment, and is welcoming as an ally the appearance of a physical disorder in order to help it get its own way. This is not so different from some of the behavior of nervous adults who tyrannize the environment by means of their invalidism, who refuse to accept the restrictions of a highly organized environment, but make their own subjective attitude the dominant consideration. The child who is nursed by the mother whenever it cries, who is allowed to refuse wholesome food in a capricious way, who checkmates the mother by vomiting food urged upon it, is inevitably developing a tendency to deal with the problems of the outer world in a rather inferior way.

The same considerations arise in relation to other functions. In regard to the routine of the toilet, one may see in certain children a certain lack of adaptability, a self-assertiveness and protest against being trained, an unwillingness to adapt itself to the well ordered routine which the social group has found to be advisable. In some cases constipation has a psychology as well as a physiology, and, instead of requiring treatment by drugs, may require psychological treatment, although parents may differ as to the best methods of psychotherapy and have different opinions as to the comparative merits of coaxing and spanking. It is well to remember that there are problems of self-assertiveness and of lack of adaptation involved in such simple reactions. With regard to the other functions of the toilet, we find peculiar idiosyncracies with regard to urination, and have the familiar symptom of bed-wetting to deal

with. A mere reference to weakness of the bladder, or of the spine is simply a vague physiological expression of our ignorance, and in some cases we find that these familiar symptoms are of considerable psychological importance, that they are apparently closely connected with various special interests of the child which the parent may not have suspected.

The problem of sleep is not merely a question of physiological rest, but has some relation to the general psychological equilibrium of the child, to the emotional attitude, to worries and fears, repressed thoughts and eager desires. Night terrors, sleep-walking, marked wakefulness are all symptoms which are apt to have their explanation in emotional factors, which may be worth the attention of those in charge of the child. It is true that in many cases the symptoms are, on the whole, trivial and seem to have no serious significance. On the other hand they may give the clue to some tension in the emotional life of the child which otherwise would have escaped the parent's attention.

As the food problem gives the child an opportunity for testing its coefficient of adaptation, so does the sleep question. In many children there is the same self-assertiveness here as in regard to food, and often it is the child who determines the sleep conditions, who arranges the time when it will consent to go to bed, who must have a light in the room, who must have a parent at the bedside, or at least in the house. The mother, impressed with the necessity for sleep, is often willing to accept any conditions so long as the desired goal is achieved, but does not realize that the child is forming a habit of self-assertion with lack of adaptation, which is poor preparation for the later tasks. So with regard to the place of sleep: the child may insist upon sleeping in the parent's bed, or in the parent's room, and may get its own way through the development of disturbances of sleep such as night terrors.

This self-assertiveness in regard to the ordinary tests of life is one of the factors to be considered in relation to the general regime of the child. The child naturally gropes around for all sources of satisfaction, and has not yet come under the influence of the special restrictions of the cultural environment with the official schedule of values, to which members of the community have more or less to adjust themselves. The child, with his immature social sensitiveness, naturally is driven by its more fundamental or primitive cravings, and only gradually brings these into harmony with the demands of the environment, being led thereto by the slowly maturing acceptance of the values given by others. The child tends, therefore, to be dominated by simple cravings, and to get pleasure out of many simple activities, and to cling to that pleasure

with a degree of obstinacy which varies greatly with the individual. Some children refuse to be weaned; some children are enthusiastic thumb-suckers; some children at an early age find casually that they can get pleasure from the sexual organs.

Children become accustomed to expressions of affections which they may demand tyrannically, and when the affection is shared with others, there is a tendency to jealousy which may show itself quite openly, or in slightly disguised manner. The affection of the child for the parent is a very basal factor in the whole emotional life of the individual, and its influence can be seen in many of the later decisions in life. Much adult thought is dominated by these early factors, and the dramatis personae of our religion and our art are often borrowed without acknowledgment from the nursery.

In the pre-school period the child has not yet begun to have a strict objective training, has not begun to get together the store of information and the general skill in activities, which are considered essential for the adult. It is the play period, where adaptation to reality is not strictly insisted on, and where fancy is allowed to soar unchecked, where many adult words are used with very little of the clear-cut connotation. The child lives, to a certain extent, in its desires. We see this most markedly in its play, and we sometimes fail to realize how real the fantasies may be to the child. There is great variability in this respect with different children. Some children are much more objective and matter-of-fact than others. The statement by children of subjective data as facts is sometimes very disturbing to the adult, who gives to it the adult values, and feels that at a very early age the child has shown a serious ethical defect. Many parents are quite alarmed because the child of four or five has told them something which was not objective. They call it a lie, and are very uneasy about the future of the child. In some cases the child incurs severe punishment which, if anything, may tend to foster the tendency. The fact that the child lives in a world of fantasy, to a certain extent, that it has not yet realized the objective social basis for confining one's statement to objective facts is, unfortunately, not sufficiently realized. So with regard to appropriating objects that do not officially belong to the child, much unnecessary alarm may be aroused by behavior of this type, as if one had to deal with a thief in embryo. One sees in the young child a good deal of activity which is rather disconcerting to the parents. The child is apt to take things to pieces, to destroy them, no matter whether they are living or dead, valuable or worthless. Taking insects to pieces may be interpreted as cruelty, but, on the other hand, we have got to consider the tendency of the child

to find out by manipulation: we have to consider its curiosity; we have to consider the absence of an educated sensitiveness largely reflected from the standards of the environment. Much of this apparent cruelty, therefore, may be put down to curiosity. In other cases, it may represent the tendency of the child to assert himself, which is not yet restricted by the more mature ability to look at these things from the point of view of the other individual.

The curiosity of the child may extend to topics in relation to which the conventional assumption is that the child has no interest; adults make this assumption because it suits them, not because the facts warrant it. In general one may say the adult fails to recognize the complexity of the psychology of the young child, and confuses immaturity with simplicity. Similarly, the adult fails to do justice to the individual personality of the child, and is apt to consider the child as a mere appanage of the parent, dominated only by the very simple motives which traditional views allow the child. The fact that the child has his own point of view, his own interests, the tendency to assert himself and to escape from restriction, keen interest in all that comes within his horizon, great sensitiveness to emotional values in the atmosphere which often are at variance with the spoken word and official attitude of the adults, is something which adults interested in education and in the health of children will do well to appreciate.

The Low Mortality in Enteritis in Seattle

John B. Manning, M. D.

DOCTOR MANNING, now associate medical field director of Child Welfare under the American Red Cross in Europe, writes from Paris concerning the low mortality rate in Seattle:

The study of the infant mortality in its various aspects in ones own city is especially valuable to any pediatrician. The constant daily personal contact with the numerous conditions affecting the death rate in infants offers a very reliable check in a general way on the statistical presentation of the same facts in most concise form. This is especially true over a period of years. It naturally follows, on a comparison of these contacts in the home, child welfare organizations and local bureaus in the Department of Health, with the statistical reports over a period of ten years, that it becomes no longer an abstract propaganda with results expressed in figures, but a real concrete thing, subject to the will of our combined and individual efforts. The accompanying table, (from the Report of the Depart-

ment of Health and Sanitation, Seattle 1918-1919), so remarkably demonstrates the effect of a concerted attack on one problem in infant mortality, that I present it here as being a matter of possible interest to the men in the field.

The low death rate in infants in Seattle is to a certain extent the result of an even, equitable climate such as prevails on the coast strip West of the Cascade range, from northern California to southeast Alaska. This makes possible, under careful supervision, exceptional opportunities for the production and handling of milk. The rich, fertile valleys lying in these areas watered by the numerous streams afford grazing all the year round. The newer city has the opportunity to profit by the mistakes made in housing and sanitation in older communities. As a result, there is no congestion, and no slums exist. Of course, the climatic conditions are the same today as in 1905, and the results as demonstrated by this table are due to a group of factors which sprang up from the determination of its citizens to make it, with these exceptional opportunities, the lowest death rate possible.[1]

Year	*Jan.*	*Feb.*	*March*	*April*	*May*	*June*	*July*	*Aug.*	*Sept.*	*Oct.*	*Nov.*	*Dec.*	*Deaths per 1,000 births*
1905	3	3	1	2	1	0	21	19	11	0	1	0	37.1
1906	1	1	0	3	5	1	11	24	8	5	1	1	30.9
1907	1	3	0	1	1	0	7	33	30	6	1	2	29.6
1908	2	2	1	3	4	2	4	23	19	6	4	3	21.6
1909	3	1	2	1	1	3	1	17	43	11	3	4	23.9
1910	1	4	5	2	3	1	7	19	20	9	4	4	18.7
1911	0	2	1	1	4	2	0	16	13	4	1	3	12.8
1912	4	1	3	3	3	1	5	10	11	5	3	3	11.8
1913	5	2	6	2	1	6	3	7	9	2	3	0	10.2
1914	2	1	2	1	1	1	4	2	5	2	3	4	5.7
1915	2	0	2	1	2	2	3	2	3	1	1	1	4.0
1916	1	3	4	1	0	2	2	1	0	2	1	0	3.5
1917	3	1	1	0	3	1	1	3	4	2	3	0	4.4
1918	0	2	4	3	1	2	3	4	8	7	0	7	7.2
1919	3	1	5	3	1	3	1	1	0	2	2	5	4.3

Deaths from Diarrhoea and Enteritis—under two years—by months from 1905 to 1919 inclusive, and Death Rate per 1,000 Births

The period from 1905, during the summer months of July, August and September until 1912, represents the years of persistent agitation for cleaner milk, largely under the direction of a far-sighted group of older medical men. The establishment of the certified milk commission and the constant inspection of market milk with continued careful supervision soon produced

1 Seattle has the lowest death rate of any city in the United States with 250,000 population or over.

a market milk which, in most instances, is as good as certified milk. The general dissemination of literature on child hygiene placed in the homes by national, state and city bureaus, by private organizations, individuals and by the collective efforts of women's clubs and by private physicians, so raised the average intelligence of young mothers concerning the care of their babies as to make possible such results. Thus the mother, the vital factor in all child hygiene effort, has been educated to the real value of preventive work in infants, and all else comes easier.

GRATIFYING RESULTS

The years from 1912 to 1919 show the effect of these efforts, until in the summer months of July, August and September 1919 there were but two deaths per 1,000 births from diarrhoea and enteritis, under two years of age, an actual reduction of 32.8 per cent. Anyone doing pediatrics in the city during these years would be conscious that this change was taking place without consulting the statistics. During the past ten years I have not seen a case of so-called infectious diarrhoea or cholera-infantum in Seattle. If it were not for the fact that parents consult pediatricians much more frequently than formerly for general advice of a preventive sort there would be little for us to do. There is a large group of people who thoughtlessly, and another lay group who willfully embarrass and obstruct efforts to produce results of this kind. Living and sharing in the improved conditions for themselves and children, they apparently feel that these things have just naturally happened or were always so. It has been my pleasure on a few occasions, to go before such mixed groups of this character and, armed with these facts, drive it home that these things never do just happen, but are the result of hard and persistent effort at much personal loss of time and money, in many instances by people who ask no other reward than to accomplish this end. With such an accomplishment it is easy to ask these people to stand behind the Department of Health, give it their support, and if the Department is not what it should be, in a constructive manner to get behind it and make it what it should be, but not to obstruct and embarrass it.

Now that the country over similar satisfactory results have been accomplished where the effort has been made, the more complex problem of the under-nourished child is receiving the same intensive consideration in Seattle as elsewhere throughout the land.

(Since the manuscript for this article was received and sent to the printer, the same article has appeared as Brochure Number 20, one of a series of brochures issued by the Paris Medical Bureau of the American Red Cross.)

A Pre-School Dental Clinic

Harry S. Bernton, M. D., Director,

Child Welfare Society, Washington, D. C.

IT is now generally accepted that oral hygiene during childhood ranks high in importance in health conservation. Proponents of the old doctrine that the deciduous teeth merit no attention are dying hard, but nevertheless dying. Rebellion against this old doctrine led Thomas, of Minneapolis, to remark that "the man who first called the deciduous teeth the 'temporary' teeth committed a crime against children which only years of painstaking education can eradicate."

When the scope of the work of the Child Welfare Society of Washington, D. C., was recently extended to include children of the pre-school age, it became its duty not only to overcome the time-honored prejudice, but also to make provision for dental service. The survey of pre-school children, limited in number, soon revealed the presence of dental caries to an alarming extent. Our observations were in accord with those of the Chief Medical and Sanitary Inspector of the Public Schools. The latter found that 58.9 per cent of the pupils in the kindergarten grade of fourteen selected schools showed some form of dental defect. The percentage of dental defects outnumbered all other physical defects. To remedy the dental conditions, fraught with the evils so well recognized by hygienists, was, indeed, a problem.

The city of Washington cannot boast of an Eastman Dental Infirmary nor of a Forsythe Dental Infirmary—institutions fulfilling a great public service in the cities of Rochester and Boston respectively. Moreover, the limited resources of the Child Welfare Society precluded the possibility of engaging either a full time or part time dental staff. Assertions coming from all quarters, "You must pay your dentists", did not help solve the problem.

For the time being, at least, it seemed advisable to refer the children to the family dentist or to the dental colleges (of which there were three in the District) in the event the family could not afford the services of a private dentist. The results in each case were disappointing. In not a few instances, the family dentist discouraged treatment in patients so young. The children referred to the dental colleges failed, as a general rule, to keep their appointments. Possibly the term "dental college" acted as a deterrent. The few children who did present themselves proved intractable.

It was not to be expected that the average dental clinic in a college building would win the confi-

dence of these very young patients. A large room filled with strange persons, some seated in massive chairs, others clad in white coats standing by; countless trays with countless instruments; queer appliances; now and then unwelcome sounds of distress or discomfort,—all these tended to create misgivings in the minds of the children and to defeat the purpose of their first introduction to the seeming mysteries of dental treatment.

The lack of cooperation on the part of the private dentists, and the lack of attraction on the part of the student dentists was a matter of no little concern. It seemed as if the golden opportunity of preaching and practising dental hygiene were mocking our efforts.

Happily, through the generosity of Mrs. E. H. G. Slater, the Child Welfare Society came into possession of a four-story building in which many of its activities were to be carried on. In this building, a room on the first floor, with a northern exposure, measuring twelve by eighteen feet, and across the hall from a comfortable waiting room, was regarded as ideal for a dental clinic. The Board of Managers readily authorized its complete equipment for the purpose. The acquisition of a dental staff was the crowning event.

The George Washington University Dental Study Club of fifteen members constituted the faculty of the Dental Department of George Washington University. The number has been increased to eighteen members. These practitioners and teachers of dentistry, through the president Dr. Carl Mess, volunteered to treat such children as were recommended by the medical staff of the Child Welfare Society. It was arranged that the clinics be held Mondays, Wednesdays, and Fridays of each week, from twelve thirty to two o'clock in the afternoon. Each dentist was to hold one clinic per month and to have the assistance of a nurse. The schedule of appointments for the dental staff was made out for several months in advance, and each member conducted on an average three clinics in a four month period. As stated before, the dental clinic was held at the headquarters of the Society, and appointments for children were made through the central office. An appointment card was given to the parent or guardian of each prospective dental patient to serve as a reminder. The first dental clinic was held on the first Monday of January, 1921. The cooperation of mothers, the enthusiasm of the children, and the loyalty of the dental staff have assured for the clinic the success which it deserves.

From January 3, 1921, to October 1, 1921, one hundred and twelve clinics have been held and two hundred and seventy-eight children treated. On only nine occasions have the dentists failed to keep their appointment due to some exigency. The percentage of absences

is therefore eight. It is to be emphasized that the services of the dental staff is entirely voluntary. The Child Welfare Society, in thus publicly acknowledging its great debt to the George Washington Dental Study Club for its generous action, is inevitably voicing the thanks of all lovers of children. The Club, has indeed, set a most noteworthy example, an example worthy of the Nation's Capital, and worthy of emulation in all communities. The dental staff has exploded the notion that dentists are incapable of assuming such communal responsibilities as their medical confreres have done from time immemorial. No community, large or small, need deprive its pre-school children of adequate dental treatment because of limited resources. Undoubtedly, other small clubs of dentists will gladly do what the George Washington Dental Study has done and is doing to conserve the health of children.

To date, two hundred and seventy-eight children have received treatment under the auspices of the Child Welfare Society. Two hundred and seventy-eight children have, therefore, been given a better start in life.

Physicians have realized that neglect of teeth in early life leads to abscess formation. These abscesses in turn act as reservoirs for infected material which may be disseminated throughout the body. As a result, rheumatism "so called", heart disease, and kidney trouble develop, which limit one's activities and which may materially shorten life. Laymen and physicians will both, however, reverently recall and approve of the sentiment of a distinguished New England teacher in medicine, Oliver Wendell Holmes. At the graduating exercises of a class of dental students in 1872, Doctor Holmes said, "You can tell the state of a village by going to the mill. If it has enough to grind and grinds it well and cheaply, you will find good farms and well-fed people; so if you see a good square jaw, filled with good sound teeth, and moved by a set of muscles that mean business, and do it, you will find, in all probability, that they nourish a sound frame in man or woman".

(This paper gives the statistics from January, 1921, to October, 1921. Bringing the figures up to January 1, 1922. Doctor Bernton reports that three hundred and eighty-five children have been treated, and one hundred and forty-eight clinics held.)

State Child Health Work*

Coordination of Activities

Walter H. Brown, M. D.

Director, National Child Health Demonstration, Mansfield, Ohio

IN the natural course of events it was inevitable that the movement for co-ordination of health activities should sooner or later become a subject of major importance. A superficial analysis of the evolution of our efforts to control disease, to promote health, and improve the general welfare will show why this is true.

All social welfare organizations trace their origin to the special interest of a group of people in a particular problem. This applies to official as well as to voluntary agencies. The modern public health department has been built upon the need for the control of epidemics of disease. The great national organizations, like the National Tuberculosis Association, have grown out of the primary interest of a small group of physicians and social workers in the subject of tuberculosis. This process has been repeated until we now have a large and increasing number of national organizations, many of which are interested in some aspect of child welfare activity.

The evolution of the programs of these individual organizations is of interest to us in this discussion. In the early stages of their growth practically every organization sees the particular problem in which they are interested as a separate, distinct piece of work—only remotely related to any other activity. They feel that if they can only get sufficient funds, powerful enough organization and properly trained workers, the problem in which they are especially interested will be solved forthwith.

Many of our organizations have passed through this initial enthusiastic stage and have now arrived at that sobering but very important point where they realize that the solution of any social problem is not such a simple matter. This point has been reached because, in pressing forward in an endeavor to locate and remove causes, they find that their simple equation changes into a complicated one with many unkown quantities. But more important for our present purpose, they discover in these explorations that quite frequently they either encounter other explorers looking for the same "pot of gold", or they see evidence that such explorers have preceded them and laid claim to the territory.

It is not necessary for me to carry this description further. We all

*Address given at the Twelfth Annual Meeting of the American Child Hygiene Association, New Haven, November 5, 1921.

know what is happening in the field of child health activities. We all realize that out of this condition has come an insistent demand for co-ordination of all agencies interested in this field.

This demand has been brought by stimulation arising from three principal sources:—

(a) Convergence or collisions of programs.

(b) Recognition of the evils of competition by the workers.

(c) Economic pressure for funds.

This convergence of programs has become a serious source of irritation in the local, state, and national fields. Each one of us can supply from our own experience plenty of examples which will make it clear that this agitation for a coming together of all of the agencies is the expression of a real need. The workers in the field of child health activities were among the first to recognize the evils of competition in the health field. Because they do recognize its evils, they have become one of the principal proponents of adequate co-ordination.

Finally, the pressure for funds has compelled the directors of organizations and government health officials to look about for means of reducing expenses, and methods of justifying the expenditure of funds in hand. This has led to a careful scrutiny of programs in an endeavor to discover duplication, competitions, and unnecessary overhead charges. In addition to the initiative of the workers in the field, a definite insistence for such scrutiny of progress has come from the taxpayer and the contributor to individual organizations. This pressure for funds has been an important stimulus to co-ordination.

The combination of all of these influences and stimuli has resulted in a great variety of efforts at co-ordination in the various health fields. Out of these efforts have begun to emerge several well defined working plans. No attempt will be made here to enumerate a complete list of what has been done, but an arbitrary selection of several typical examples will serve to focus attention on some problems that need discussion.

In the field of national co-ordination, the National Child Health Council is one of the outstanding examples. The progress that has been made by this Council should be a source of gratification to everyone who is interested in the future of child health activities. However, for the purpose of this paper the writer wishes to call your attention to certain facts that are brought out by this plan, namely, that most of this group of organizations either have state or local organizations, or at least, have local representatives within the states; and further, that in bringing into existence these advisory committees, it has been necessary to draw upon individual leaders in all parts of the country. This is not men-

tioned as a criticism of the plan, but only to focus your attention upon some problems to be solved, namely, the proper provisions for National co-ordination of field activities in the states to avoid the inevitable conflict of programs and its resultant retardation of progress. The other very real problem is one of time. How can we keep our schemes of co-ordination simple enough so that they will not make too heavy a draft upon the time of the leaders and workers in their own fields. These things can undoubtedly be accomplished if we catch the real spirit of co-ordination. This does not mean a surrendering of any of our rights and privileges, but only means the placing of our organizations in a harmonious relation with each other, and really exchanging benefits and duties. All of which involves the devising of ways and means for the free play of this spirit through national, state, and local organizations.

No plan of co-ordination of child health activities can be successful which does not provide for proper state co-ordination. The nature of our government and local organizations makes this necessary. In this field, the problem is more complicated, because of the intimate relations of the official and voluntary agencies with the local communities. In addition, it is essential to take into close relationship many agencies which ordinarily do not operate in the technical health field. This presents practical difficulties which must be met. One of the best efforts to meet this situation is the plan operating through the State Council of Social Agencies of Ohio.

This co-ordination of child welfare work on a state basis through a Council of Social Agencies offers an interesting example both as to the manner of its organization and the breadth of its field. In this instance the initiative for co-ordination came from the Governor of the State. While he did not have in mind particularly the matter of child health activities, out of it has grown up the machinery for such co-ordination.

After the signing of the armistice, the Governor called to his offices the chief executives in Ohio of all national and state war-time agencies which had a peace time program, together with the state heads of all public departments which had welfare policies. He made it clear that while the services of every interested group were needed, it was only good business sense for them to get together and compare programs in order to prevent duplication and waste.

The Governor asked for no organization. He merely pointed out the dangers of the times and asked these agencies to prepare jointly to meet the needs of the state.

As a result of this conference this group continued to meet monthly. After that very necessary period for the establishment of

mutual confidence and understanding, a very brief constitution was adopted. The ability of the social workers to do "team work" was challenged. Their reply was this organization which is doing one of the most creditable pieces of co-operative work in our country.

The Council has been able to pool the social information which had been, and is being, gathered by the public and private groups. One of its sub-committees, known as the County Case Committee, has in it all the possibilities of making available for every interested community all the social resources of the state. In addition, the Council can and does bring to bear all of its influence to assist the official departments of the State.

The various specialized groups operate through Councils, which are are made up of representatives of all state wide agencies, public and private.

With this kind of a state organization, the relationships between the national and state groups at once assume a place of major importance. In considering this relationship, the writer believes that we should look toward some method of representation of state groups in our national Councils. The field of activities of each group should be broadly defined in order to provide for such healthy growth and development as is justified by the resources and abilities of each agency. This is a difficult problem but it must be met and solved for upon our ability as workers in the field of child health to do real "team work" depends the rate of future development of the machinery for meeting our responsibilities to the boys and girls of our country. And "team work" or co-ordination all depends upon our conception of what that term means, plus the spirit in which we play the game.

We must not imagine that co-ordination is some magic method. It cannot and will not by any artificial device make the other fellow do everything you want him to, while you continue your own way without modifications. If the sole bond between you and the other fellow is self interest, you will get out of your plan of co-ordination very much less than you put into it. If, on the other hand, you realize that true co-ordination means placing yourself in harmony with the other fellow and assuming that attitude of mind that makes for mutual exchange of benefits and duties, you will collect compound interest on your investment. The ability of the workers in the field of child health activities to do "team work" is being challenged. What is to be our reply?

The Decline in Infant Mortality

Figures for 1915 to 1920 in the U. S. Birth Registration Area

Robert M. Woodbury, Ph. D.

Director Statistical Research, United States Children's Bureau.

THE infant mortality rate in the expanding birth registration area of the United States fell from 99.9 in 1915 to 86.6 in 1919 and 85.8 in 1920, according to statistics published by the Bureau of the Census[1].

This represents a decrease of 14 per cent in the five years since 1915. In Table 1, the decline in infant mortality rates is shown by cause of death from 1915 to 1919, the latest year for which figures showing cause of death are available. The decrease varied markedly for the different groups of causes. Certain causes, as malformations and external causes, showed little or no change. The infant mortality rate from the group of gastric and intestinal diseases fell nearly one-third, from 24.7 in 1915 to 17.1 in 1919. The rate from the group of respiratory diseases decreased nearly one-fourth, from 16.7 in 1915 to 12.8 in 1919. The rate from causes classed as "early infancy" decreased one-tenth, from 34.5 in 1915 to 30.8 in 1919. The group of "all other causes", including convulsions, congenital heart disease and meningitis, showed a marked decrease during the period.

TABLE I.

Cause of death.	Infant mortality rates.				
	1915	1916	1917	1918	1919
All causes	99 9	101.0	93.8	100.8	86.6
Gastric and intestinal diseases	24.7	25.4	21.2	20.4	17.1
Respiratory diseases	16.7	16.0	14.8	16.0	12.8
Malformations	6.4	6.8	6.3	6.5	6.3
Early infancy	34.5	33.7	31.8	32.8	30.8
Other communicable diseases	7.7	8.9	8.6	14.8	9.6
External causes	1.0	1.0	1.3	1.1	1.0
Ill-defined	0.7	0.9	2.9	2.9	2.7
All others	8.3	8.1	7.0	6.6	6.4

Infant Mortality Rates by Cause of Death; Expanding Birth Registration Area, 1915-1919.[2]

1 Compiled from Birth Statistics, 1915, 1919, and Infant Mortality in the Birth Registration Area of the United States: 1920, U. S. Bureau of Census.

2 Compiled from Birth Statistics, 1915-1919; Mortality Statistics, 1915.

The infant mortality rates from two causes of death, on the other hand, showed definite increases. The rate from the group of "other communicable diseases," including influenza, increased from 7.7 in 1915 to 9.6 in 1919. The rate from these causes in 1918 was especially high, 14.8, evidently owing to the influenza epidemic. The group of "ill-defined causes" showed a marked increase from 0.7 in 1915 to 2.7 in 1919. This increase, as shown later, was due practically entirely to the inclusion in the area of new states in which the certification of cause of death was less satisfactory than in the original birth registration area.

GROWTH OF REGISTRATION AREA

The birth registration area of the United States, as originally established by the Bureau of the Census in 1915, included 31.0 per cent of the population and comprised the six New England States, New York, Pennsylvania, Michigan, Minnesota and the District of Columbia. In these states birth registration, in the judgment of the Bureau of the Census, was at least 90 per cent complete. From time to time other states which met the requirements for admission have been added until in 1920 the area comprised 59.8 per cent of the total estimated population of the United States. The changes in the infant mortality rates just cited are therefore the resultant of two elements: changes in the death rates, and modifications due to the addition of further territory in which infant mortality rates averaged lower than in the original area.

The real change in the infant mortality rate can be shown clearly by limiting the comparison to the original birth registration area, exclusive of Rhode Island which was omitted in 1919, and by comparing the rates for 1915 with those for 1919 in the same territory.

FALL IN INFANT MORTALITY

In this territory the infant mortality rate fell from 99.55 in 1915 to 88.74 in 1919, a decrease of 10.9 per cent. Thus the rate decreased during this brief period by a substantial percentage, although the decrease was not so great as appears from the crude figures of the expanding birth registration area.

The decrease in the infant mortality rates from the several causes within the original registration area is shown in detail in Table 2. The rate from gastric and intestinal diseases fell from 24.58 to 18.97, a decrease of 22.8 per cent, or over one-fifth; while the rate from respiratory diseases fell from 16.57 to 14.49, a decrease of one-eighth, or 12.5 per cent.

The mortality rate from early infancy decreased from 34.35 to 31.60, a decrease of nearly one-twelfth, or nearly 8.0 per cent. Of the three causes which are included under this heading, injuries at birth showed practically no change in mortality rate, premature birth

TABLE II.

Cause of death.	Infant mortality rate		Amount of decrease 1915 to 1919	Per cent of decrease 1915 to 1919 [2]
	1915	1919		
All causes	99.55	88.74	10.81	10.9
Gastric and intestinal diseases	24.58	18.97	5.61	22.8
Diseases of the stomach	1.45	1.21	0.24	16.5
Diarrhoea and enteritis	23.13	17.76	5.37	23.2
Respiratory diseases	16.57	14.49	2.08	12.5
Acute bronchitis	2.58	2.29	0.30	11.5
Broncho-pneumonia	9.86	9.08	0.78	7.9
Pneumonia	4.13	3.13	1.00	24.2
Malformations	6.44	6.94	+ .50	+ 7.8
Early infancy	34.35	31.60	2.75	8.0
Premature birth	18.53	18.95	+ .42	+ 2.2
Congenital debility	11.69	8.52	3.17	27.1
Injuries at birth	4.13	4.13	+ 0.00	+ 0.0
Other communicable diseases	7.62	8.55	+ 0.93	+12.2
Measles	0.72	0.58	0.14	19.1
Scarlet fever	0.10	0.05	0.05	45.5
Whooping cough	1.93	1.31	0.62	32.2
Diphtheria and croup	0.58	0.49	0.09	15.2
Influenza	0.62	3.07	+ 2.46	+396.0
Dysentery	0.22	0.15	0.07	33.8
Erysipelas	0.55	0.47	0.08	14.4
Tetanus	0.08	0.06	0.01	17.1
Tuberculosis of the lungs	0.49	0.46	0.03	6.9
Tuberculous meningitis	0.81	0.65	0.17	20.7
Other forms of tuberculosis	0.26	0.19	0.07	26.5
Syphilis	1.26	1.06	0.19	15.3
External causes	1.01	0.88	0.13	12.6
Diseases ill-defined or unknown	0.69	0.80	+ 0.11	+15.9
All other causes	8.30	6.51	1.79	21.6
Meningitis	0.87	0.65	.22	25.2
Convulsions	1.57	1.06	.51	32.3
Organic diseases of the heart	0.40	0.37	.03	8.3
Other	5.46	4.43	1.03	18.9

Decline in the Infant Mortality Rate, by Cause of Death, 1915-1919, U. S. Birth Registration Area (Exclusive of Rhode Island) of 1915.[1]

1 Compiled from Birth Statistics, 1915, p. 10; Mortality Statistics, 1915, p. 645-656; Birth Statistics, 1919, p. 37; and Mortality Statistics, 1919, pp. 538-557.

Figures are given to two decimal places solely in order to show the percentage change in the rates during the period. The ratio for 1915 and for 1919 are all subject to a large margin of error—in overstatement—depending upon the relative incompleteness of birth, as compared with death, registration; and the percentages in the last column are also subject to a considerable margin of error depending upon the change in the degree of completeness of birth registration during the period. If no change occurred, however the percentage changes in the last column are correct, and even if a change did occur, the relative position of the several causes when ranked according to the percentage of decrease or increase remains unaltered.

2 In calculating the percentages, rates carried to a third decimal place were used.

showed a slight increase of 2.2 per cent, while the entire decrease appeared in the rate from "Congenital debility", which fell from 11.69 to 8.52, a decrease of over one-fourth.

The mortality rate from "other communicable diseases" increased from 7.62 to 8.55 in 1919. The mortality from influenza increased from 0.62 to 3.07. If influenza is omitted from the group in both years, the mortality from "other communicable diseases" decreased from 7.00 in 1915 to 5.48 in 1919, a substantial reduction amounting to one-fifth of the rate in 1915. A reduction appears in the rate for each of the diseases included in the group except influenza.

The rate for whooping cough, which, with the exception of influenza, was the most important cause in the group, showed a decrease of nearly one-third; and that for tuberculosis in its varied types and that for syphilis each showed decreases of about one-sixth. Each of the other communicable diseases listed showed decreases ranging from over one-seventh for erysipelas to nearly half for scarlet fever.

The mortality rate from external causes showed a decrease of one-eighth from 1.01 in 1915 to 0.88 in 1919. Diseases ill-defined or unknown showed a slight increase in the rate of about one-sixth from 0.69 to 0.80 in the period from 1915 to 1919. The rate from all other causes showed decreases averaging over one-fifth.

The question might be raised whether the decreases thus shown are real decreases in infant mortality rates or are due in part to improvement in birth registration. Unfortunately no definite information is available to show whether birth registration has improved, become less complete, or remained at the same degree of completeness during these five years. Tests of birth registration in one year were made by the Bureau of the Census in certain of the States in the original birth registration area, but these tests throw no light on the question of improvement[1]. If a change in completeness of birth registration occurred, such an improvement or change would affect the percentage changes in the rates from each and every cause and in the same direction. Thus, if birth registration was 2 per cent more complete at the end than at the beginning of the period, this percentage should be subtracted from all the percentages of decrease and added to the percentages of increase. But in view of the marked changes in the rates, it is doubtful if changes in birth registration which may have taken place in the five year period would affect materially the conclusions based upon these statistics for the territory originally included in the birth registration area.

1 A statement of the result of these preliminary tests was published in Birth Statistics, 1916, p. 19.

Mother and Child Health Talks

Number 2

The School Child's Day.

Richard M. Smith, M. D., Boston

CHILDHOOD is the time for happiness and health, for freedom and for growth.

The daily schedule of the modern child is often as complicated as that of the adult. This condition of affairs, is, of course, entirely wrong. By the time he has reached the age of twelve or thirteen years there are few new experiences left for the child to enjoy, and there are few excitements which have not been indulged in. This unfortunate state of affairs is brought about from a variety of causes. Often parents fail to realize how much the child is doing. Sometimes the parents know what is taking place and are willing that the child should have his time filled with activity. The selfish parent is relieved of worry by this method of care, but the plan, however desirable from the point of view of the parent, is extremely undesirable from the point of view of the child. A potent factor in the full schedule is the ambition on the part of parents to have the child shine in social accomplishments and in educational standing. It is unfortunately true that teachers not infrequently share with parents in the ambition for the scholastic standing of their pupils without giving much thought to the matter of health. This attitude is becoming increasingly less common. There is a general realization that education and health must each receive due consideration and that one cannot go on at the expense of the other. Serious physical damage may result from the lack of an appreciation of the importance of arranging a child's time so that it is not too strenuous. Aside from the strictly physical harm to the child, the excitement which comes from multiple social engagements tends to create a demand on the part of the child for constant stimulation which results in a distinctly bad effect upon his general mental development and the stability of his outlook upon life.

Intelligent cooperation between physician, teacher and parent is needed to plan the child's life correctly. It is the duty of the physician to indicate the amount of mental and physical work which the child can be expected to do and the amount of rest and recreation which the child should have. The teacher must be willing to consider that the child's health is as important as his scholastic standing and if necessary must modify the school work in accordance with

this point of view. The parents who are responsible for the child's day and who must safeguard his future must see to it that his life is considered as a whole and that his day is planned with a view to the ultimate result to be obtained.

In planning the day there are certain things which must be considered. In the first place, a child requires a certain number of hours of sleep. This, of course, varies with the age of the child. Up to six years of age this should be not less than twelve hours at night, and in addition, at least an hour or better one and a half hours of sleep sometime during the day. From six to ten years of age the number of hours of sleep at night can be reduced gradually to eleven, and in the majority of instances the sleep in the day can be omitted. It is desirable, however, if possible, to insist upon a rest period of at least one-half an hour immediately after or before the noon-day meal. From ten to fifteen years of age the hours of sleep may be reduced to ten, and the rest period given up. It is important to bear in mind that these figures are only guide posts and that they represent the minimum hours of sleep and rest. Many children, in order to keep well, will be obliged to have more hours of sleep and more rest than has been indicated.

Mental effort requires the expenditure of energy. It must be remembered that a task which, to an adult may seem of no account, to a child may represent a real problem. The work done must be measured by the stage of development of the child, not by adult standards. Up to six years of age the amount of actual mental effort to which the child is subjected should be very slight. After four years of age directed and instructional play is not objectionable, such as is given in the kindergarten or Montessori schools. The stay in the school room during this period should not be over two hours a day. From six to ten years of age the character of instruction can be changed to true mental discipline and the time spent in school can be increased up to two to four hours. For the ten-year-old child the hours of study can again be increased up to six or seven hours per day. This should include not alone work done in the school room, but any home lessons that may seem necessary and any outside studies.

Hard physical exercise can be indulged in by the adult only for a limited number of hours without real fatigue. The child performs many activities which to the adult seem so trivial as to be of no consequence but from the point of view of the child are severe physical exercise. We must bear in mind that the child has not yet attained his growth and that his bones, muscles and internal organs are not ready to assume their full burden of work. Many children are believed to be nervous

and are irritable and unable to sleep simply because they are continually overtired. The hard physical exercise which any child does must be regulated to come within that individual child's endurance.

Relaxation and play should constitute a part of every child's day. They should fill the greater part of the time of a child under six years of age, which is not given to sleep and to eating. As the child grows older these hours will necessarily become less, but should never be entirely crowded out of the day.

The child's food for twenty-four hours must be planned so that it will furnish a well-balanced diet. In the younger children all the meals are eaten at home and there is no difficulty in carrying out the diet. With the older children, many of whom spend the middle of the day at school, it is important for the parent to know how much and what kind of food the child has at school. Only in this way can the whole day's food be planned intelligently.

There is a tendency for parents to add lessons outside of school, such as dancing, music, languages and riding particularly. Desirable as these things are they must be planned in conjunction with the other things the child is doing and not added as extras to a schedule which is already full. It is the last straw that breaks the camel's back.

If parent secure a proper balance between rest, study, exercise and play and provide food of the right kind and amount children in the future may be spared many of the physical handicaps and nervous misfortunes to which many children of the present day are subjected.

Erie County Studies Child Health

Because of the interest aroused in the underweight school child, a number of local public and private agencies in Erie County, New York, joined in inviting the National Child Health Council to make a broader study of child health in that county, with recommendations as to the next steps in county-wide health work.

The National Tuberculosis Association and the National Mental Hygiene Committee joined in this study. The State Charities Aid Association and the New York Child Labor Committee, the State Health and Educational Departments, and the representatives of the Children's Bureau, U. S. Public Health Service, and the Bureau of Education were consulted.

MOTHER AND CHILD
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MARCH, 1922

Worth-While Work

The Bureau of the Census has issued a provisional statement of Infant Mortality for the year 1921. This statement gives the figures for 51 cities in the Birth Registration Area all having populations of over 100,000. In 1920 these cities had a rate of 90, while for 1921 it fell to the phenomenal figure of 74, a reduction of almost 18 per cent!

Early last Summer the American Child Hygiene Association published a report for 519 cities of over 10,000 population, and for those in the Birth Registration Area the rate was 90, which is the same as that for this small group of larger cities. If this year also the rate for all cities should be the same as that for these large ones, it would mean a saving of nearly 15,000 infant lives—just in these 519 cities!

Seattle, Portland, Ore., and St. Paul share first honors with a rate of 47, San Francisco following with 48. New Haven with its record of 59 stands first among the Eastern cities—Yonkers second with 61, and Bridgeport third with 64. Fourteen cities have rates under 70. The previous year there were only 4. And again in 1920, 15 had Infant Mortality rates of 100 or over, while 1921 only showed two.

None of the 51 had a higher rate than in 1920, but Albany, with 77, and Salt Lake City with 72, showed no change. The largest reduction was in Lowell, with a fall of 45, from 135 to 80. In Kansas City the rate fell from 108 to 76, or 32 points. Other big reductions were recorded in Cambridge, 29; Yonkers, New Haven and Bridgeport 28, St. Paul, 26, Grand Rapids and Boston, 25.

The highest rate is that of Fall River, with 111, although this is a reduction of 18 points.

Twenty years ago it was claimed half of the infant deaths were preventable. Many questioned it. In 1915 the rate for the Birth Registration Area was 100. In the last six years it has been reduced nearly 27 per cent! If this preliminary rate of 74 holds for the United States, it means nearly 40,000 babies saved last year! Is the work for saving babies, making them stronger, healthier children and citizens, worth while? We think so,

and we are going to go on trying to make everyone else not only think so, but do his part in bringing it about.

—Phillip Van Ingen.

The National Child Health Council's Studies in Erie County.

Ordinarily a health study has little if any interest apart from its findings and conclusions. The inquiry which has recently been made into child health conditions in the rural sections and villages of Erie County is an exception.

The chief point of interest in this study lies in the fact that it was a cooperative one. Working through the National Child Health Council, seven national organizations and two state organizations participated directly in this inquiry, either through staff members or through designated representatives. In some instances one individual served as a representative of more than one organization.

Those that undertook the inquiry into the health of Erie county were interested in doing so only in case it was done on a cooperative basis —not only nationally, but locally. This condition was fullfilled in Erie County, practicaly all groups interested in the health of children in the county joining in the invitation of the National Child Council to look into the conditions relating to the health of children there.

To many, the most significant fact about the study was that it was the first step in plans of the National Child Health Council for coordination of the field work of its various members. What will come of it is, of course, too early to predict. However, it is worthy of note that the representative of each organization which took part expressed himself or herself as believing that it had great value in increasing the mutual knowledge and appreciation of the objectives of each of the organizations that is an essential introduction to further coordination of effort.

As to the findings and conclusions that will result from this inquiry and their usefulness to Erie County, nothing definite can be said until the report is ready for issuance and can be carefully analyzed. It was frankly undertaken, not as an exhaustive or even as a thoroughly comprehensive survey of conditions. It was directed primarily to the purpose of securing such facts and suggestions as would be most helpful to the development of effective co-ordination of local health work. However, the data secured may perhaps be somewhat more complete than might ordinarily have been expected from a study occupying only two weeks time of field work, because of the fact of the several points of view represented.

The Day's Work

THE LURE OF THE DENTIST

The traveling dental clinic in Shelby County, Tennessee, has treated the teeth of 2,400 school children during the last year and a half. At one school the dentist treated fifty children, not one of whom had ever been to a dentist before. The novelty of the clinic arouses great interest everywhere. Children who ordinarily abhor the thought of school are anxious to attend every day lest they miss their turn with the dentist. In one community recently a family of eight, ranging in age from five to sixteen years arrived at the schoolhouse before the door was open in the morning, lured by the dentist's car, although not one of them had attended school a day before this fall. (*Memphis Chamber of Commerce Journal, November,* 1921.)

PUBLIC HEALTH INSTITUTES

During the first half of 1922 the United States Public Health Service, with the cooperation of the State Boards of Health, has arranged to hold a series of Public Health Institutes in various cities throughout the country. The institutes will be one-week health schools, and are designed to bring together nurses, educators, heads of institutions, social workers, and others interested for the consideration of the newer aspects of public health work.

Such an institute will be held in Louisville, from February 1 to 9. Elaborate exhibits will be presented, and lectures by specialists will be given for health workers, and for the general public. (*Official Announcement, U. S. Public Health Service.*)

CHARLESTON'S CONFERENCE

A Child Welfare Conference was held in Charleston from January 12 to 14, under the auspices of the city Social Workers' Club. The purpose of the conference was to aid in developing child welfare standards in the community and to outline fields of work not now covered by the city.

VOLUNTEER HEALTH COMMITTEE

A volunteer "Child Welfare Health Corps" has been organized by the New Orleans Child Welfare Association to study the public health problems of the city with especial reference to those which most closely affect infant welfare. The milk supply, garbage disposal, and birth registration are among the subjects to be studied. The committee will suggest programs for action based upon its research work. (*New Orleans Times-Picayune, December* 4, 1921.)

HEALTH EXHIBIT FOR BALTIMORE

To keep the public in closer touch with the work of the city health department, a permanent exhibit is to be conducted by the Health Commissioner, a part of which will be devoted to the work

of the Child Welfare Bureau. The exhibit will be shown in an assembly hall, where employees of the different bureaus of the health department will hold monthly conferences for study and consultation in regard to their problems. (*Journal of American Medical Association, January 7, 1922.*)

NEGRO CHILDREN'S PREVENTORIUM

A tuberculosis preventorium for negro children is being planned by citizens of Baltimore. The project has the support of the city and State health departments and the Maryland Tuberculosis Association, as well as that of the colored population. The proportion of tuberculosis among Negro children is much greater than among white children. (*Modern Hospital, January, 1922.*)

"MAKE THE CHILD FIT FOR SCHOOL"

The Child Welfare Society of Washington, with the indorsement of the District health officials, has initiated a six weeks' health campaign for the benefit of the District children of pre-school age. Children will be weighed and measured at the various child welfare centers of the city, and those found to be undernourished will be referred to the family physicians, or, if from families in needy circumstances. will be recommended to the appropriate public agencies for any treatment required.

Startling evidence of the presence of malnutriti n among the Washington school children is contained in the report of the medical and sanitary inspector of schools for 1919-20. Of 3,913 pupils examined in fourteen selected schools, 29.5 per cent were found to be 10 per cent or more below normal weight. Out of 329 kindergarten children examined, 67 per cent were underweight. (*Washington Star, January 15, 1922.*)

COLORED WOMAN WORKER

The Tuesday Evening Club, an organization of colored men and women in the District of Columbia who are interested in child welfare work, has made an appropriation of $800 to the Juvenile Protective Association to be used in employing a colored woman worker for child welfare service among people of her own race. The club hopes eventually to be able to pay for a full-time worker to serve under the Protective Association. Until a new part-time paid worker is secured volunteers from the club will act in her place. (*Washington Star, December 15, 1921.*)

HEALTH SERVICE FOR SIX DOLLARS

The Committee for the Study of Community Organization for the Self-Support of Health Protection of Mothers and Young Children is a new venture in health conservation. This committee is a result of a cooperative alliance between the Maternity Center Association, the Henry Street Visiting Nurses' Service and the New York Diet Kitchen Association. The community from 130th to 138th Street and be-

tween 8th Avenue and the Hudson River was chosen for purposes of intensive study. With the Visiting Nurse Association cooperating, the citizens of this area were offered health service for $6.00 per year, covering the following services: Supervision for pregnant mothers; assistance at confinement; baby health service for babies under two years; health supervision of children from two to six years of age; visiting nurse service for sick persons of all ages. The cost of $6.00 per year has been estimated on the basis of 1920 expenditures of the three participating organizations as well as on the general average birth, death and sickness rates. Thus far the new organization has met with wholehearted cooperation at every turn. (*Monthly Digest, National Health Council, January,* 1922.)

MOVIES AND TALKIES

The National Committee for the Prevention of Blindness has recently produced a three reel motion picture film entitled "Saving the Eyes of Youth". It covers the following subjects—Saving the Eyes of the Baby; Saving the Eyes of Childhood; and Sight Saving Classes in the Public Schools. The film has been bought by various State boards of health, Red Cross divisions, and other health organizations, and may be obtained through the Worcester Film Corporation, 130 West 46th Street, New York City.

Health movies produced under the auspices of the American Red Cross have been familiar to the public for some time. A little less than a year ago the New York County Chapter of the Red Cross instituted the new service of health talks, administered through the Health Speakers Bureau. At the close of 1921, after twenty months' experience, this Bureau has arranged 665 health talks in Manhattan for 184 organizations and reaching an estimated attendance of 116.-200. The four most popular subjects for the talks arranged before public school assemblies are nutrition, oral hygiene, personal hygiene, and care of the eyes. There is a constantly increasing demand for talks on food, illustrated with attractive posters and models.

The Bureau is always more interested in planning for a series of four or more talks for each group, in preference to a single talk because of the larger educational value of the series. This is a new Red Cross Service which does not duplicate the work of any other agency, which is offered without fee, and which has infinite possibilities for further development.

HEALTH CHARTS IN BRAILLE

The Missouri State School for the Blind is having Health Crusade charts put into braille with a view to teaching hygiene and sanitation to the blind children of the grade schools. Such instruction will later be included in the high school courses for the blind. (*Journal of the American Medical Association, November* 26, 1921.)

PLAY STREETS IN CINCINNATI

The community Service was given authority by the Cincinnati city government last summer to rope off six streets between the hours of 6:30 and 8:30 P. M. for recreation purposes, and play equipment was provided by public-spirited citizens. The average attendance per night on each street was 130. The development of interest on the part of the children, the neighbors, and the volunteer supervisors was interesting.

The Community Service also secured a ruling that all fire houses should make use of their hydrants each afternoon to give the children of the neighborhood shower baths. This met with such an enthusiastic response from the children that it is hoped it will become a permanent custom. (*Playground, November,* 1921.)

MICHIGAN'S HEALTH CONFERENCE

Michigan's first annual conference of health officers and public health nurses was held during the week of November 28, and was attended by several hundred delegates. Out of the forty-six counties having active public health programs, thirty-four were represented by nurses.

Governor Alex. J. Groesbeck addressed the Conference and lectures were given by Dr. W. H. Frost, of Johns Hopkins University; Dr. Haven Emerson and Dr. William H. Park of New York City; Dr. John Sundwall, Director of the Department of Hygiene and Public Health, University of Michigan, and Mary E. Sweeney, Dean of the Department of Home Economics of the Michigan Agricultural College. Mrs. Barbara H. Bartlett spoke on rural child hygiene; Elizabeth Parker, R. N., discussed tuberculosis nursing; the goal of county nursing was outlined by Elizabeth G. Fox, R. N., of the American Red Cross; and Edna Foley, R. N., spoke on the visiting nurse and home and after-care of crippled children.

Exhibits representing the outstanding features of the county nursing program attracted much attention.

NATIONAL HEALTH COUNCIL ISSUES REVISED ACCCOUNT OF THE CHILDREN'S BUREAU

The National Health Council has issued a comprehensive account of the work of the Children's Bureau of the United States Department of Labor. Herein is outlined the legal authority, history and development of the Bureau, its organization, current work, personnel, the Federal Child Labor Law, and the Act for the Promotion of the Welfare and Hygiene of Maternity and Infancy. This account was originally prepared in August of 1921, but with the passage of the Sheppard-Towner Act, the scope and influence of the Children's Bureau has been so greatly increased, that the Council considered it worth while to revise the original account. The National Health Council has issued similar ac-

counts of the Division of Vital Statistics of the U. S. Bureau of the Census; the Women's Bureau of the U. S. Department of Labor; the Division of School Hygiene of the U. S. Bureau of Education; a general report covering the health activities of the U. S. Government. These pamphlets may be obtained without charge from the Washington office of the National Health Council, 411 Eighteenth Street, Washington, D. C.

ELKHART'S CHILD WELFARE COMMITTEE

In September 1920 a Child Welfare Station was opened under the direction of the Elkhart Chapter of the Indiana League of Women Voters. Dr. Ada Schweitzer sends the following item showing what a worth while undertaking is being carried on by an interested group.

Four local physicians, two regular staff physicians, and two substitutes, including the medical director, have volunteered part time service, each physician conducting one conference a week. The diet instructions for the children from two to six years are given by the dietitian. No sick children are cared for except cases directly due to nutritional disturbances. All children registered and examined at the station are followed up in the home by the nurse and the dietitian.

All prenatal cases coming to the nurse's attention are registered and followed up with regular visits for the purpose of giving necessary instructions, seeing to it that mothers see their physicians early and follow their advice and help make necessary preparations for confinement.

From the local Health Department are received all births registered. Each new baby is visited by the nurse and literature is distributed.

In September 1921, by request, a station was opened in the colored district of the city. This work is financed by the Elkhart Chapter of the W. C. T. U. and directed by the Child Welfare Committee.

MAINE CAMPAIGN

A three-year "Health Plan for Maine" has been adopted by the State Public Health Association, with the cooperation of representative citizens and organizations of the State. Among the items of the program proposed are public health nurses in every community; the enrollment of Modern Health Crusaders in every school; and an educational health campaign through lectures, exhibits, moving pictures, and so forth. (*Maine Public Health Association News, December,* 1921.)

COMMUNITY EDUCATION

The health education campaign undertaken last year by the University of Indiana through its school of nursing and its extension division is being continued. The primary purpose is to interest the State in the work of the public health nurse and its relation to the

solution of community health problems. Two nurses have been sent into the field to hold conferences in as many communities as possible. The communities to be visited are carefully chosen from among the smaller cities and it is the purpose to reach all the different sections of the State. The nurses spend three days in each place visiting the schools, conducting exhibits and giving demonstrations of the work of the public health nurse in the care of babies, examination of school children, or whatever nursing procedure may be of special interest in that particular city. The assistance of each community is enlisted through local organizations. (*Bulletin of Indiana Child Welfare Association, December* 1, 1921.)

FRIENDLY RIVALS

About thirty-six of the medium-sized cities of Oklahoma have been engaged in a contest to determine which of them, at the end of a year's trial, should prove to be the best place for the rearing of children. The fundamental idea of this friendly contest was to arouse the people to act unitedly for an all-round improvement of the training conditions of the growing generation. Not only the competing cities but practically the entire state could thus be made aware of the program of betterment and could be expected to partake both directly and indirectly of many of its projects. The score sheet covered ten points, two of which were housing conditions and health conservation of the young. Enthusiastic support was given the project by clubs, schools, churches and the general public. Shawnee, whose Rotary Club offered the prize, was the winning city. William A. McKeever, Extension Professor in the University of Kansas, has described this contest in The American City for December, 1921.

EXPERIMENTAL LABORATORY

A laboratory in child psychology for experimental work with children from two to four years of age has been organized by the Iowa child welfare research station at the State University. The laboratory is under the direction of Dr. Bird T. Baldwin, research professor in psychology, and Dr. Loreli Stecher, research assistant professor, and the courses are for graduate students. A new four-room building has been provided and twenty-four children are now in attendance upon the clinics. (*Journal of the American Medical Association, November* 19, 1921.)

STATE MEDICAL AID

A children's hospital at the University of Iowa accommodates a large number of children under sixteen who take advantage of the provision of the State law which makes it possible for both children and adults to secure medical and surgical aid at the expense of the State. (*Journal of the American Medical Association, November* 19, 1921.)

The Foreign Field

England

COURSE FOR NURSES

An international course for public health nurses is being given, for the second time, at King's College, London, under the auspices of the League of Red Cross Societies. Nurses from eleven countries are in attendance, selected by the various National Red Cross Societies, who are members of the League. The course is given with the understanding that the nurses are to return to their native lands to devote themselves to the development of the profession. (*Red Cross News Service.*)

SUBSTITUTE FOR MILK GRANT

The Ministry of Health has issued a circular under the date of December 13, stating that the total expenditure during the present year on milk for mothers and children is about 400,000 pounds. The Ministry considers this amount so large as to necessitate a careful reconsideration of the plan for the next financial year. Moreover, it is not always certain that the milk supplied is used for the purpose for which it is intended. The Ministry suggests, as an alternative to the present plan, the provision of midday meals to nursing and expectant mothers, to be consumed on the premises or under arrangements controlled by the authorities, and the supplying of milk only to children under twelve months of age whose mothers can not nurse them. The Ministry asks the local authorities to prepare estimates of the total expenditures which would be incurred by adopting this scheme. (*Ministry of Health Circular Number 267.*)

THE EFFECTS OF EXERCISE

There has been much discussion recently, especially in England, about the possibly injurious effects of vigorous physical exercise upon young women. Miss M. Stansfeld, head of the Bradford Physical Training College in England, has made a study of the physical condition of the girls in her school, and has tabulated the returns from a questionnaire sent to former students of the school who have married and borne children. She has embodied the results of her findings in a volume entitled "Physical Training in Relation to Childbearing." (*Maternity and Child Welfare, January,* 1922.)

MEALS FOR SCHOOL CHILDREN

Owing to conditions resulting from unemployment a very large number of children are being given free meals at the public schools, under the Provision of Meals Act. The London Telegram, December 1, reports that during the last week for which statistics were then available no fewer than 27,879 children were fed in the London schools. Upwards of 7,000 breakfasts were supplied, 86,457 dinners, and in ad-

dition over 40,000 "milk meals" and 3,617 "oil meals," the oil being cod liver oil. The number is as great as this in spite of the fact that school authorities are always on the lookout for cases in which meals ought not to be provided. (*London Telegram, December* 1, 1921.)

It has been necessary to open several new dining centers in London recently, because of the increase in the number of needy children. (*School Government Chronicle, December* 3, 1921.)

In Birmingham, the number of dinners supplied during the four weeks ending Nov 5, 1921, was 4,800, as compared with 106 in 1920. A new center has just been opened. (*Birmingham Daily Mail, November 22,* 1921.)

Scotland

SCHOOL MEALS

Two meals a day are to be supplied to all necessitous children attending the Edinburgh public schools, beginning the first of January, and in addition, breakfast will be supplied for those children whose parents make application to the headmasters of the schools. The plan will be tried for one month. (*Scotsman, December* 21, 1921.)

Sweden

PROPOSED ORGANIZATION

A bill amending the present law on the public care of dependent children has been introduced in the Swedish legislative body. The proposed measure centralizes the care of dependent children in the communes, and provides for the appointment in every commune of a child welfare board, one of the members of which shall be a woman and one a physician, and all of whom with one exception shall serve without pay. These communal boards are to be placed under the control of children's councils, to be established in every administrative district, one of the members of which council shall be a lawyer and one a physician. A national agency will have supervision of the whole system.

The bill grants public aid to unmarried mothers of small means and married mothers supporting their children unaided. The bill also provides that needy unmarried mothers may receive public aid for six weeks before and six weeks after childbirth. (*Sociale Praxis, October* 26,, 1921.)

Russia

RED CROSS WORK

Doctor J. H. Mason Knox, Jr., Field Medical Director of the American Red Cross in Europe, writes of the baby saving work in the Baltic Area as follows:

"One of the present problems of the A. R. C. in the Baltic States, and indeed in all its fields of European activity, is to alter the character of certain of the numerous clinics, many of which have been started in connection with the soup kitchens, and to transform them into permanent well-equipped centers in which can be conducted the various

phases of a constructive program of child welfare. One of the most important features of this program is to provide suitable care for expectant mothers.

"In Riga this need is particularly pressing because of the large refugee population and of the subsequent bad housing conditions due to overcrowding. The obstetrical wards of the hospitals are filled to overflowing and many lives are lost because adequate obstetrical assistance is not obtained. To meet this need a building has been rented by the A. R. C. and equipped for the care of a certain number of mothers and babies. A 24-hour obstetrical service has been started, two excellent midwives being on call at all times.

"All difficult cases are sent to the nearby obstetrical hospital, while certain waiting mothers are housed at the Red Cross Clinic, and mothers with new-born babies, normal cases, are removed to the clinic from the obstetrical hospital shortly after the babies' birth. In this way the congestion of the hospital is considerably relieved. This clinic has also been made the center of an interesting experiment of intensive child welfare work. It is situated in a ward of the city where there is a large infant mortality, but where the population is sufficiently intelligent to appreciate the help offered and to actively cooperate in the program. With the aid of the Statistical Bureau of Riga the name and addresses of all new-born babies, with the occupation of their parents, religious faith, etc., are sent to the clinic twice a week, and with the help of native nurses under the supervision of an American trained nurse all those babies are promptly visited. Certain mothers are given a small amount of material assistance where necessary and every effort is made to keep these children well during their first year." (*The Baltimore Sun, January* 15, 1922.)

France

FIRST SCHOOL MEDICAL SERVICE

A bill for the establishment of medical inspection of school children was reported favorably by the parliamentary Committee on Hygiene. The report states that except in a few large cities school medical inspection is practically unknown in France. It recommends the installation of a thorough system which shall give attention not only to the personal needs of the pupils but also to the sanitary conditions of the buildings, and urges the appointment of school nurses. (*Documents Parlementaires, Chambre,* 1921, *pp.* 2236-29.)

LATIN AMERICA

The following notes were taken from the Bulletin of the Pan American Union for December, 1921, and January, 1922.

Chile

SCHOOL EQUIPMENT

A dental office, a medical clinic and space to install a school lunch system are some of the special features of the advanced government school for boys which has recently been opened in Santiago. The school will accommodate 760 pupils.

Peru

TAX TO BENEFIT CHILDREN

The Peruvian Senate has passed a law whereby half of the ten per cent tax on admission charges to places of amusement is appropriated to the use of the Society for the Protection of Infancy. This

will enable the Society to coordinate and develop, under government supervision, milk stations, day nurseries, convalescent homes, and asylums.

Ecuador

FIRST DAY NURSERY

The first day nursery in Ecuador was opened on October 9, 1921, in Guayaquil. Its reinforced concrete building was erected through the generosity of the citizens, and the efforts of members of the Puericulture Society.

Republic of Central America

LAW FOR NURSING MOTHERS

An addition to the Guatemalan penal code provides that every mother who, without justifiable cause, refuses to nurse her child, or who disposes of her milk when her child still needs it as his most adequate food, shall be subject to the penalty of the law. The Executive, in consultation with the Council of the Medical Schools, will regulate this matter, as well as the service of wet-nurses.

CHILD HEALTH STATION

The Council of the city of Guatemala has made a gift of 2,000 pesos to the local child health station, and additional support is being given the institution in the name of children. During July, 1921, 1,710 children visited the station, 521 liters of milk and bread to the value of 1,800 pesos were sold, and 279 liters of milk distributed to children not attending the station. Since July, a monthly attendance of 2,019 has been reached. The average daily expense is calculated at five pesos for the older children and eight pesos for the younger ones.

NEW CHILD HEALTH CENTER

The Gota de Leche, or child-health station, of San Salvador was officially opened on September 15. The staff of the institution consists of the physician in charge, assistant physician, superintendent, medical students, and two nurses.

Brazil

CHILD WELFARE CONGRESSES

Active preparations are under way for the celebration, in Rio de Janeiro, of the Third Pan American Congress of Child Welfare, which will take place August 27 to September 5, 1922, in connection with the official program commemorating the Centenary of Brazilian independence. Official delegates to this Congress have already been designated by Argentina, Chile, Ecuador, Peru, Paraguay and Venezuela. Among the subjects to be discussed are: infant feeding and nutritional disorders; cerebral tumors; alcoholism; infant pathology; encephalitic syndrones in children; epidemic or contagious encephalitis; infantile tuberculosis; infantile acidosis; and dysentery.

The sessions of the First Brazilian Child Welfare Convention will be held conjointly with those of the Pan American Congress. (*Journal of the American Medical Association, Spanish Edition, January* 16, 1922.)

Recent Literature on Mother and Child Welfare

Books and Pamphlets

Child Care and Child Welfare. Outlines for Study. Bulletin No. 65, Home Economics Series No. 5. Prepared by the Children's Bureau of the United States Department of Labor in co-operation with the Federal Board for Vocational Education. Issued by the Federal Board for Vocational Education. October, 1921.

The bulletin, which contains five hundred pages, deals with the import phases of childhood and is published with the hope that it may serve to stimulate the right kind of instruction in child care as a part of the training for vocational teachers of home economics. It is published in the form of outlines which may be used as source material from which the instructor may make her own course. The emphasis that is now placed upon child care as an important part of the vocational training for home making has created a demand from institutions offering courses for vocational teachers of home economics for such source material. This bulletin was prepared by the Children's Bureau under the direction of Dorothy Reed Mendenhall, M. D., assisted by Miss Mercy Beardsley Hooker.

The Outlines are grouped under the following headings: Health Problems of Mother and Infant; The Development, General Hygiene, and Feeding of the Child; Problems Related to Safeguarding the Health of the Child; Child Mentality and Management; Recreation; Child Labor; and Children in Need of Special Care.

Milk and Its Uses in the Home. Farmers' Bulletin 1207, United States Department of Agriculture, Washington, D. C. Issued August, 1921; reprint, November, 1921.

This bulletin of thirty-four pages was prepared in the Office of Home Economics, in co-operation with the Dairy Division, Bureau of Animal Industry. It discusses Milk as a food from the point of view of the consumer, and shows why it is indispensable in the diet of children, and one of the best foods for adults. Suggestions for the care and use of milk are also included, as well as directions for pasteurizing it at home.

Little Blue Books, The Home Series, Signed by Helen MacMurchy, M. D., and issued by the Division of Child Welfare of the Canadian Department of Health, Ottawa.

The fourteen pamphlets which comprise the Home Series vary in length from five to thirty-five pages, and each one contains practical, simple advice and instruction. The Series includes Good Wishes for You from Canada; How to Build the Canadian House; How to Make Our Canadian Home; How to Make Outpost Homes in Canada; Canadians Need Milk; How

We Cook in Canada; How to Manage Housework in Canada; How to Take Care of Mother; How to Take Care of the Family; How to Take Care of the Baby; How to Take Care of the Children; Household Cost Accounting in Canada; How to Take Care of Household Waste; How to Avoid Accidents and Give First Aid. Copies in either English or French may be obtained on request from O. H. M. S., the Deputy Minister, Department of Health, Ottawa.

The Perfect Gentle Knight. By Hester Donaldson Jenkins, Ph. D., and introduction by Charles M. DeForest. World Book Company, publishers, Yonkers-on-Hudson, N. Y. Price, 32 cents, postpaid. 59 pages.

This charmingly written booklet for the Modern Health Crusader emphasizes the knightly ideals of Arthur and his companions of the Round Table, and shows that their ideals and those of the Modern Health Knight are the same. In his introduction, Mr. DeForest, who is Modern Health Crusader Executive, says that "the spirit of chivalry is leading legions of Modern Health Crusaders in American schools and others in Europe and Asia to train for strength, to protect the weak, and to repel the invader. Disease is an enemy no less formidable than robber baron and pagan horde.—In health teaching, the will to do must be aroused and sustained. For this, interest must precede will and must accompany it until good health habits are formed. The tales of ancient chivalry provide an urge to noble deeds in health chivalry. In writing this book, Doctor Jenkins has done a notable service to teachers and public health workers who are laboring to solve the health problem in the way it must be solved—through the children."

Jack O'Health and Peg O'Joy, A Fairy Tale. By Beatrice Slayton Herben, M. D., with jingles by children of Public School Fifteen of New York City, and illustrations by Frederick Richardson. Charles Scribner's Sons, Publishers. Price, 60 cents. 39 pages.

This little fairy tale by Doctor Herben was published for the New York Tuberculosis Association in co-operation with the New York Department of Education and the Health Service of the New York County Chapter of the American Red Cross. It has been approved by the National Child Health Council.

The story is based on the hygiene syllabus in use in the New York schools and is therefore suitable and valuable as a supplementary reader for children.

Miss Annie Moore, supervisor of work with children in the New York Public Library, says, "When I first read the spirited rhymes and jingles written by the children of Public School Fifteen and the slender thread of story which binds them together, I felt the book would achieve its purpose. It is conceived with humor and a fine regard for what is too often forgotten—interest to children. Children, no more than grown people, like to be bored

when learning. Doctor Herben has spared the fairies, she has done no violence to fairy lore. Moreover, accurate information is so clearly conveyed that I predict for this little book a welcome in other countries as well as a warm reception at home."

Manual for Health Visitors and Infant Welfare Workers, by several writers. Edited by Mrs. Enid Eve, Late Ministry of Health, formerly Chief Health Visitor and Sanitary Inspector to the Metropolitan Borough of Holborn. John Bale, Sons and Danielsson, Ltd., 83-91 Great Titchfield Street, Oxford Street, London, **1921. Price 10s. 6d.**

Those interested in that portion of public health work which relates to maternity and child welfare will welcome this second volume of the Modern Clinic Manuals. The volume is a series of short articles written by specially qualified men and women, whose efficient work in the past, or intimate knowledge of a particular branch, enables them to present to the public a comprehensive study of the question. The usefulness of the book is in no way impaired by being compiled in this way; there is no overlapping and very little of the repetition which so frequently spoils a work compiled on these lines. All medical officers of health, health visitors, and so forth, will feel that at least a long felt need has been supplied; that this volume can be handed to anyone contemplating taking up public health work that they may form an opinion of what it embraces. It may serve a useful purpose in deterring anyone from entering the profession holding a preconceived idea of health visiting being easy and well paid; the book also makes quite clear that training and certificates are essential before work can be begun. The chapter on the county and rural visiting will be likely to cool any half-hearted enthusiast by the description of the hardships that have to be endured in performing such duties. (*The Medical Officer, March,* 1921.)

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Will Be Held In

Washington, D. C., October 12-14, 1922

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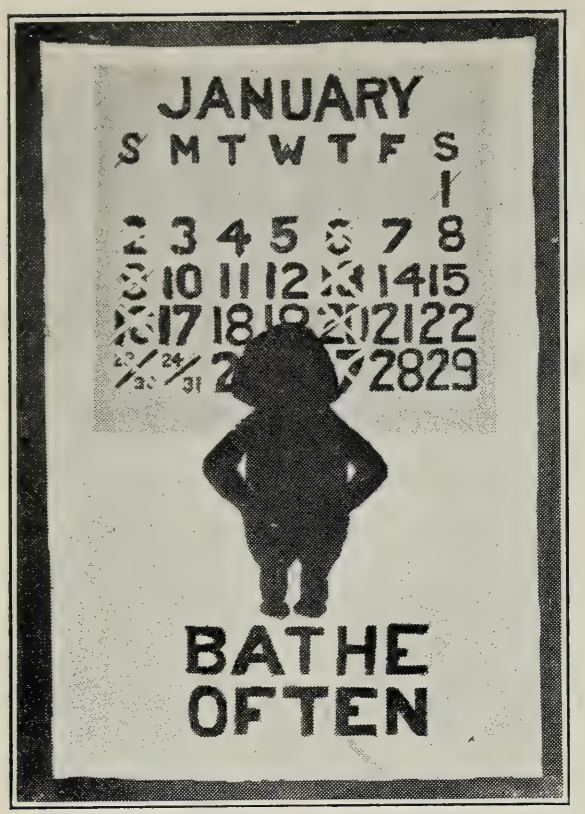
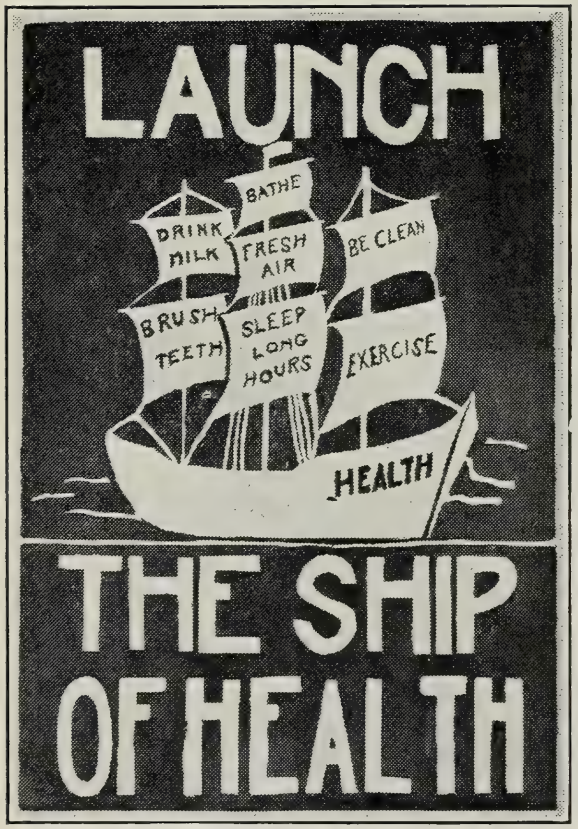


This Poster Won First Prize



Courtesy of United States Bureau of Education.

Posters Made by Children in the New York City Schools

[See pages 166-168]

MOTHER AND CHILD

A Magazine Concerned With Their Health

Vol. III. APRIL, 1922 No. 4

"The Greatest Mother" and Europe's Children

A. C. Burnham, M. D.

Medical Director of the American Red Cross in Europe

DURING the spring of 1921 the American Red Cross decided to devote its energies in Europe chiefly to child health, largely in the form of the establishment of child health stations. This program began in April and became fully operative on July 1, 1921.

At the end of the year the program was completely developed in eleven different countries in Europe. The plan adopted varies somewhat in different countries, but in general it has been to establish a certain number of child health centers from which, and about which, there could develop a more or less extensive educational program.

Relief has been given chiefly in the form of medical supplies and clothing, and in certain cases milk and cod liver oil. The attempt has been made to separate relief from the educational aspects of the work, although this has not always been accomplished with entire success.

The personnel engaged in child health work has been largely drawn from the population of the countries concerned. The administration is always in the hands of the Americans, although one or more leading pediatricians in the various countries are employed by the American Red Cross to take an active part in the direction of the professional work. Most of the local stations are manned entirely by native personnel under the direction of the American Red Cross. The American organization usually acts in cooperation with one or more national organizations interested in child health.

Although the Junior Red Cross is not essentially a health organization, considerable assistance has been rendered by this organization. The health game in Czecho-Slovakia and the playgrounds in France may be specially mentioned for their value from a health educational standpoint. A model child health station is part of the Junior program in Roumania.

In Poland the health station con-

sists of two distinct types: baby milk stations for infants and ambulatoria for older children. In the former milk is prepared and distributed, on the prescription of the station physician, to infants and children under three years of age; in the ambulatoria older children receive ordinary dispensary treatment. In all about two hundred stations were operating in December 1921. In addition summer camps and children's hospitals were equipped and furnished with supplies, but were not operated by the American Red Cross.

Educational measures furnish an important item of the general program, courses in child health being given to physicians, nurses and health visitors. In Poland, as in the other countries of Europe, the attempt has been made to emphasize child health education through the establishment of classes in child care for mothers and prospective mothers, and in popular education of people in the essentials of child health in so far as local conditions permit.

Central Europe Comes to "The Greatest Mother"

In the new republics—Esthonia, Latvia and Lithuania, a more primitive type of health station has been established. Ordinarily a single room is used, either in a school or in connection with one of the

feeding stations of the American Relief Administration. Children are examined by physicians and treatment given for minor ailments. In certain districts a more highly developed station was found to be possible and an intensive study of

ment of 21 model stations, one in each province. These stations are generally comprised of from four to six rooms furnished and equipped by the American Red Cross. A local physician and two Czech nurses are in attendance. In De-

A Mother's Class in Albania

such areas is planned for the future. During October 132 stations were in operation, while in December this number had been reduced to approximately 100. American physicians, nurses and social workers supervise the work. In these countries the constant influx of refugees from Russia offers a continuing acute demand for relief.

The program in Czecho-Slovakia consists essentially in the establish-

cember all the stations were in operation. The main purpose of these stations is to examine and classify children of pre-school and school age. The stations are to serve as model child health centers and are to be taken over by the government in July, 1922. For the purpose of training personnel, an American nurse and an American social worker are attached to each center. The American workers will be

withdrawn when the work is turned over to the government. A course for physicians and health visitors has been arranged.

SERBIA

In Serbia the child health program of the American Red Cross is under the immediate direction of the Serbian Child Welfare Association of America. The American Red Cross has financed ten stations in small cities and rural districts of Serbia. The personnel of these stations are chiefly Serbian, but two American nurses are assigned to each station for training purposes. American physicians serve as inspectors but do no clinical work. The work is both clinical and educational. A plan is proposed to have this operation taken over by one of the strongest of the peasants' cooperative associations.

AUSTRIA'S PRESCHOOL HEALTH STATION

The program in Austria consists in the establishment of 100 child health stations for children from birth to six years. These were all running in December: 41 in Vienna and the remainder in the provinces. Many of these stations were already existent when the Red Cross program began. Such stations have been given temporary support, and a certain number of additional stations have been organized, chiefly in the provinces. The support given was generally in the form of a subsidy for the salaries of personnel, and in gifts of layettes and children's clothing for children attending the stations. All the personnel are Austrian except the executive heads in Vienna. The professional direction is under supervision of a committee of prominent physicians in Vienna. In the provinces the work is done in conjunction with the Landesjugendamt, a public department of child welfare. The work in each center consists entirely in the care of apparently healthy children and the prevention of children's diseases. No clinical treatment is given except for diseases of nutrition, anemia, and similar border-line conditions.

GREECE

In Athens* there is a model baby station with six branches. Only well babies are cared for and the number is limited to 200. Two American nurses and a number of Greek volunteer assistants are employed. Four child health stations, operated in the Salonica area during August and September, have been discontinued.

WORK IN HUNGARY

Fifty child health stations for infants and young children were established in Hungary during the last three months of 1921. Except for the executive heads the personnel are all Hungarians. A committee of prominent Hungarians in cooperation with the American Red Cross has charge of the national program. A local committee

*For a further description of this work, see Foreign Field, page 185.

is formed in each city where there is a station to cooperate in this work. The Hungarian government is supporting the program financially, and plans to take over the direction of the work when the American Red Cross withdraws. As a rule these stations reach the same group of children as is reached by the stations in Austria. Prenatal care is emphasized.

MONTENEGRO AND ALBANIA

The most primitive conditions exist in both Montenegro and Albania. In these countries seven stations are in operation, each of them with an American physician and two American nurses. The operation of these stations is chiefly clinical, for children of all ages, although promising results have been obtained from such elementary educational efforts as can be carried on under existing conditions. A certain amount of medical and material relief is furnished.

While the American Red Cross nursing schools at Pozen, Warsaw and Prague are not directly concerned in the child health program, they have offered facilities for the instruction of personnel and will, it is anticipated, educate nurses who may be expected to be especially interested in the American Red Cross program, and to play a more or less prominent part in the work after the withdrawal of the American Red Cross.

From the foregoing, a brief resume of the present status of this

work (December 31, 1921), it will be seen that the American Red Cross child health program in Europe represents a complex operation showing considerable variation in different countries, but that in all of them the essential element of a central station serving as a child health center for education in the various aspects of child health, with or without the treatment of children's diseases, has been consistently adhered to. During 1920 and the early part of 1921 an extremely large amount of medical supplies was placed in hospitals, both children's hospitals and institutions of a more general type. In the present program the relief of hospitals and institutions has played a comparatively minor role.

The Day Nursery and Pre-School Child

Madeleine Hamill

Executive Secretary, Day Nursery Association, Cleveland

DAY nurseries, on the whole, have left the general public with the impression that they are still doing what some thirty years ago was considered their whole duty. That is, feeding and entertaining the children of women who must go out to work. Our standards have changed very much since the days when all we attempted to do was to return the child safely to its mother. The opportunity for corrective work offered us by this group of children left in our care for so many hours each day, could not be overlooked, nor the opportunity for helping the mothers to give better care and training to the children at home. We now feel that unless the nursery is to be a constructive element in the neighborhood and the family, it is not doing a work which justifies its existence. As the standards have been raised, the operating expense has increased, because we are not simply feeding and entertaining the children, but we are endeavoring to give them health, training, and an environment which will fit them for the future. A child develops through expression not suppression. Idleness does not bring happiness, and it is just as necessary that a child should be happy, as that he should have dental care, or sufficient food.

The child of pre-school age is a great responsibility, because we do not share him with any other organization. Until he is fifteen months old he will go to a Child Hygiene Dispensary for his feeding formula, and there he will see nurses and doctors not on the nursery staff. But from the time he is fifteen months until he enters the public school kindergarten at five years, his health, happiness, and development will depend upon the nursery rather than upon any other agency. The children who come to us have rarely had a normal home. The family catastrophe, whether death, desertion, or illness, which brought them to us, has undoubtedly reacted upon them. Our first aim is to give to these children as nearly as possible the type of day they would have had in a good home, or in a good school. Now that school life so often includes the study hour, the noon-day meal and supervised play, the days of our older nursery children attending public or parochial schools really differ very little from those of children in a private school. Our

(Address given at the Twelfth Annual Meeting of the American Child Hygiene Association, New Haven, November 5, 1921.)

babies have their feedings, naps, and airings just as systematically as those in any well ordered home. But the group of children who present our greatest difficulty are those from two to four. At four the child enters our kindergarten, but he is often just as ready for the work at three and a half, and even at two he could find many interesting occupations there if given a little direction. In England they have a nursery school for children between the ages of two and five. We cannot remodel our kindergarten into such schools while we use them for training our students.

Health work has been very popular, and for some time we have bent our efforts so diligently toward the physical well-being of the children that perhaps the time has now come when their happiness and mental development should be more carefully studied. I do not wish to belittle the medical work which we do. For the reason that no other agency is in as close touch with the child as is the nursery, so the type of physical examination received there, and the follow-up work on the physician's recommendations are of the greatest importance. Children are tentatively admitted to the nurseries on the O K of a private physician, or a dispensary physician, this meaning only that the child is free from contagious disease. Upon the regular visit of our Medical Director a complete physical examination is made which includes the following:

> General physical and mental development; nutrition; anemia; general glandular condition; shape and size of head; spinal column; condition of skin and hair; care, as to discharge; eyes, mainly as to strabismus, and acute conjunctival infection; nose, as to obstruction; mouth and throat, registering condition of teeth, tongue, tonsils and adenoids, and thyroid; lungs, as to acute bronchitis or possible tuberculosis; heart, as to enlargement and murmurs; abdomen, as to distension and classical pot-belly, indicating poor feeding regulations; genitalia, as to malformation in boys, and abnormal secretion in girls; extremities, as to deformities; and a good vaccination scar.

The child is weighed and measured and the findings recorded on a weight chart. We find the weight charts of the greatest help. The children are weighed twice a month, and should they fail to gain, or begin to lose, the attention of our physician is called to the child. Perhaps there is need for some special feeding, for more milk, or for further instruction to the mother about the meals at home. One thing which has been of great benefit to the health of the children is the use of the daily nose drops of liquid albolene. Since their use in the kindergartens and nurseries, colds have decreased amazingly. To control the spread of colds and other diseases is one of the great tasks where so many children are brought together each day. Only by vigi-

lance on the part of the nurses, and immediate isolation of children showing symptoms of illness, can the spread of disease be prevented.

After the first physical examination the necessary corrective work for the child is noted, and the consent obtained as soon as possible from the mother for any necessary visits to dispensaries. While there are few objections to vaccination, or to dental work, the tonsil and adenoid operation is very unpopular among the foreign women. They cannot understand why such a thing should be necessary for their children when they never had it themselves. They do not trust the hospitals and the strange doctors. It often takes the nursery superintendent, the visiting nurse, and every other agency interested in the family to persuade them to a decision so important in the health of the child. Periodic re-examinations of all children are held.

While the amount of corrective and preventive work done at the nurseries is very large, when there is acute illness our one step is to refer the case to the visiting nurse or the public health nurse. On receiving their report our responsibility ends, until the child is able to return with an O K and re-enter the nursery.

One of the most important matters in social work is to determine the place where the responsibility of one agency ends and to know what other agency should assume it. We must not attempt work for which we are inadequately equipped when we may turn to someone specializing in just that line.

While we must remember the original purpose of the nurseries, we should not overlook opportunities which may occur for using our plants and resources for the benefit of the community. During the influenza epidemic we offered the nurseries to the Board of Health, and with twenty-four hours' notice converted two nurseries into hospitals for children suffering from the flu, and two into receiving homes for those who had been exposed to the disease. We have now notified the Associated Charities that during this winter, which will be one of much suffering, we will receive any children they send to us, regardless of whether they are within the nursery's usual responsibility.

I have spoken only of what we do for children when in a nursery, but a high standard for social investigation before receiving them there is just as necessary as the high standard for care once they are admitted. While the nurseries are for women who must become wage-earners, nurseries are not necessarily the best solution of such a family problem. It is important to know the situation thoroughly before making a decision. The family is probably known to other social agencies, who should be consulted, or if not known, it perhaps should establish such a contact before being received by the nursery. In

cases where care is to be temporary during some family crisis this is especially important. Often, however, the fact of admitting the children to a nursery determines whether the home is to be maintained or whether their lives are to be spent in institutions. Can there be a more important decision for a child's future? His home may be poor enough, but no institution can offer him anything which will mean half as much as the affection he will find there. The great opportunity of the nursery is that it can do so much for the health and training of children without depriving them of the strongest ties in the world, that of blood and that of family.

Setting the Solitary in Families

Jessie Taft, Ph. D.

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Children's Bureau and Children's Aid Society, Philadelphia.

WE often speak of the normal dependent child who does not constitute a problem when it comes to placement. There is a grave question, however, whether the very fact of dependency does not make problematical every life in which it is a factor and whether the apparently simple case is not merely a matter of lesser degree of difficulty and of happy accident in placing.

No child is so normal as to be proof against the upsetting effects of a broken home and misplacements by an agency. If such a cast iron normality seems to exist it is because there are stabilizing influences at work which in our ignorance we have not recognized.

May I present briefly the stories of three children under the care of the Children's Bureau of Philadelphia, which illustrate how foresight and ignorance, intention and accident combined to bring about changes in their behavior? The interpretation is clearer after the fact than before, but none the less enlightening.

Two sisters, Rose and Mary, came into the care of the former organization of the Children's Bureau, November 12, 1919, when Rose was eight and a half and Mary just five. The history, which was meager, gives the picture of an unstable mother eager to be free of her children, irresponsible, probably unfaithful to her husband, and finally deserting, leaving the children to an aunt. The father, bad tempered, uninterested in the children, able to support them but also eager to be free of responsibility and involved with another woman, was only too willing to turn them over to an agency. The pressure of a court

(This article appears in the April Bulletin of the Child Welfare League of America.)

order extracted board money but made him eager for adoption with little regard for the children's welfare. The children had run wild, but except for the fact that they were untrained and undisciplined, were considered ordinary children by the aunt and the Children's Bureau. They either already had or quickly acquired severe cases of scabies and were kept in temporary changing placements from Shelter to Hospital, to Boarding Home, for eight months. Then they were placed together, by the Children's Bureau as now reorganized, in a home which it was hoped would be permanent. There was little or no knowledge of the personalities of these two children beyond the fact that the younger seemed more lovable and there was an unconfirmed rumor of sex interest displayed by the older while in Shelter care. No psychometric test was made, although this could have been done. There seemed not to be sufficient reason in the case of such young and apparently ordinary children.

They were placed in a home selected in accordance with the very best home-finding standards and having about the same social status as that of the children's own people. The foster mother, middle-aged, left alone with her husband by the marriage of her two children, eager to have a child for company, seemed to be a kindly, common-sense, conscientious person, who, although limited in intelligence and education, had done a good job on her own children and might easily provide the right kind of home for two children like Rose and Mary. She was known as a good housekeeper, a great church worker and a favorite with children. Except for such general knowledge, the placement was largely a matter of chance, as too little was known of the personalities involved to make any prediction as to their effect on each other. It was merely the putting together of an ordinary home and two apparently ordinary children.

It took six or eight months for this foster mother to become sufficiently discouraged to give up the problem. Rose was the stumbling block. Mary, although not perfect, she would have kept. Throughout this period reports came in from time to time of Rose's unreliability and of her distressing habit of enuresis at night and occasionally in the daytime. The good housekeeper revolted against such behavior and a variety of punishments was resorted to. Once a diaper was put on. This was effective for the time being. In a letter, the foster mother tells of dressing Rose up in Mary's clothes to make a baby of her and shame her. She also pinned on her dress a sign "I wet the bed." "I only wish," she writes to the visitor, "you could have happened in and seen her—you know she sucks her thumb." On the same occasion Rose was exhibited to a small nephew who came in, as the foster mother's baby. Her behav-

ior, at first not unusually bad, grew increasingly troublesome. She was disobedient, resisted authority, told sensational stories with only the faintest relation to fact, denied any misdeed even in the face of proof, took ten cents from the foster mother's purse, would not come home promptly from school or when sent on an errand. She responded to scolding by sinking into a sort of dumb apathy from which it was not easy to rouse her. School reports were satisfactory.

The younger sister, Mary, while influenced by her sister and reported once for telling stories and taking change when sent to the grocery store, was a much more lovable, responsive, docile child and found favor with the foster mother, who would have kept her except for the difficult Rose. To the visitor both children appeared stupid, heavy and uninteresting. Before moving them to a new home it seemed wise to have a psychometric test since Rose, at least, was proving to be not altogether ordinary, and unusual dullness was suspected. The children were examined in April 1921, a year and a half after they came into care. Rose was nine years and five months, Mary six years and four months old at the time. Rose proved to be of lower average in intelligence, though with a fair degree of practical and manual ability. She showed marked slowness of comprehension and adjustment to new situations, but was very cautious, plodding and persistent in her efforts. She seemed to have marked difficulty in using her eyes. She was shut in and unresponsive, especially when questioned about her behavior, and gave the impression of being repressed and upset emotionally. She admitted her offenses but quickly told of other children who were equally bad, mentioning her sister among them. She repeated some stories about other children indicating sex interest which she was unable to express except in terms of accusing others. She finally became too disturbed to talk further and took refuge in the apathy which the foster mother had noticed. Mary, on the other hand, seemed distinctly brighter than her sister, testing upper average in intelligence and showing up well in the performance tests. She was somewhat slow, but more free, confident and responsive and much more attractive. Only once or twice did she show any signs of shutting up into herself in the peculiar inhibited manner of the older sister.

The placement visitor was reassured as to the children's normal intelligence and was advised to try separating them, as it seemed probable that Rose was suffering from comparison with Mary who was getting all of the praise and attention from the foster mother besides being in fact brighter, prettier and more lovable. Rose was to be returned for further study. It developed that Rose's eye defect was

serious in the extreme but for some reason had escaped the attention of the previous medical examiner. There was good cause to believe that Rose might become a serious problem and was in need of intelligent foster home care. There seemed no particular reason to consider Mary difficult, as children go.

On April 18, 1921, Rose was placed in an untried foster home simply as a temporary arrangement, until a suitable home could be obtained. This home, consisting of a fairly young, married couple, crude, not very well educated but comfortably off, promised nothing except kind hearted ignorance and good physical care.

Mary was placed at the same time with a refined, better educated, more intelligent man and woman who had an almost luxurious home and wanted a little girl as a companion to their own five year old, adopted by them when a baby. They were eminently respectable, adored their adopted child, had the happiest kind of marital relationship and gave every indication of providing what Mary needed as a permanent home, a home which would give her advantages and intelligent care. These foster parents had worked out a health problem with their adopted child most successfully and were recommended by all the references as just the people to conscientiously care for a child such as Mary. Nearly a year has passed and the picture presented by the two placements is almost humorous if it were not so serious an indication of the blindness of our best plans.

Rose, taken in as an only child by the warm hearted but uneducated childless couple, has flourished as a green bay tree. Not a report of misbehavior has been received. She has been given pretty clothes, she has begun music lessons, her foster parents help her nightly with her lessons, they are in touch with her school, they take her to visit their relatives, she spends a summer at the shore, they receive her aunt with open arms. At no time in this period, despite many annoyances put upon them by the interference of Rose's own father, and despite her failure to make a brilliant record at school and all the ups and downs of a first experience with a strange child, is there the slightest lessening of their whole-souled acceptance of Rose as their child, worth the trouble she causes. Rose as a problem seems to have vanished into thin air. She has been transformed into a spontaneous, happy child. The attachment of the foster parents has become so genuine and Rose's response so appealing that although they never intended to adopt so old a child, they cannot bear the idea of separation and will adopt her rather than run the risk of having her snatched away at the father's whim.

Mary, on the other hand, has gradually lost ground and is just beginning to look like a problem. The foster parents report that she

is utterly unresponsive and unappealing, seems to care for no one. Recently, on two occasions, she has been discovered in a theft. They have tried to treat her fairly, giving her every material advantage which their adopted child has, but cannot help feeling that she is inferior to their own in every way and would not consider keeping her permanently. So little is she a part of their lives that the foster mother complains of the time it takes to bring her to the doctor for earache. The child herself appears unhappy and repressed.

Looking at this comedy of errors after all is over, it is easy to see what has happened. The whole thing is so simple, the interpretation so obvious, that we wonder why it is so difficult to avoid blind placements? Why not substitute foresight for hindsight? The answer is, of course, that it is comparatively simple to state what a child needs in general terms but extremely difficult to know when you have found in the concrete the fulfilment of your theoretical requirements. In fact, nothing short of trial and error experiment gives a final assurance that the conditions are really fulfilled. A careful analysis of the facts at hand, however, a conscious statement of what the particular child requires for satisfactory adjustment and an attempt to analyze the placement finally selected in terms of these requirements would do much to reduce the element of blind chance.

The first mistake in the case of Rose and Mary was the assumption of normality, with normality conceived of as something not requiring analysis and able to adapt itself to any home. We who deal with dependent children ought to know enough of human behavior to understand not in words, but in living reality that the smooth ongoing of child life is dependent on the stability and support given by the home back ground. It is not sentimentalism, but hard psychological fact, ever new and potent, that when a child loses his sense of safety and security and backing, which comes from belonging to loving, adequate parents, he is seriously handicapped in his adjustment to reality and if a satisfactory substitute is not found he will as surely develop behavior difficulties as night follows day.

Children vary tremendously in the degree of resistance they offer to such environmental injuries, and in the form of compensation which they blindly choose, but in no case need we expect them to be conscious or rational about their truancy, defiance, lying, stealing, autoeroticism or what not. They are groping for relief from fundamental hungers which it is our job to satisfy if we expect changes in behavior. We ought to have known that two children taken from an unstable family, where they had never been wanted or loved by either father or mother, where infidelity and marital strife were the regular

thing, who had been passed around for eight months with nothing permanent or personal in their care, would not be likely to adjust quickly or simply in the first home we found. We ought never to have placed them without an adequate social investigation. We accepted them with a thoroughly unsatisfactory social case history because they seemed to be ordinary and we were pressed for time and workers. We certainly ought never to have placed them without getting the additional insight of a mental test. At least we could have cleared up the possibility of unusual dullness as a factor in the behavior. The knowledge that these two girls, however dull they seemed, were really normal, would have focused our attention where it belonged in a search for the causes which made the children appear so apathetic and unresponsive. We might have followed up the vague reference to a sex interest on Rose's part, gained her confidence and perhaps freed her from disturbing ideas and fears regarding sex matters. We might, if we had been analyzing our reports more carefully, have seen that Rose, being less bright and less attractive, would probably be made to feel inferior by the attention paid to Mary and that this would be increased by the amount of ridicule, punishment and scolding she received for her troublesome behavior as contrasted with the praise given to Mary for her better record. Apparently, this is just what occurred, and the more Rose felt her inferiority and lack of success in the foster home, the more she expressed her needs in the childish satisfactions of stealing, boastful lying, thumb-sucking and bed wetting, and very possibly masturbation also. Thus was started a vicious circle from which she was unable to escape. There was also the additional handicap of the serious, uncorrected eye defect, which put her at a disadvantage in school.

The first foster mother was quite helpless in this situation. She knew only one method of punishment—nagging, shaming, ridicule, repression, and appeal to the visitor, and these only increased the difficulty. It might have been possible for an intelligent or intuitively understanding foster mother to adjust this situation once it had been made clear to her. Rose could perhaps have been made to shine, to succeed along some line as she has done in music in her present home. She could have been given her share of attention and the unfortunate habits could have been overlooked and allowed to drop out of the lime light until they lost their emotional value for the child.

The separation of the children made the problem simpler but it is a question whether it was really necessary. The second placements show us quite clearly what was wrong with the first. Rose becomes the center of the family setting. She is accepted, made over, praised and loved. She gains confidence and

belief in herself and the sense of comfort and assurance that the wanted child lacks. This reflected at once in her behavior. The old habits are no longer required, she has found other satisfactions. Mary goes through just the opposite experience. She loses her prestige, is confronted with a rival, who is a younger child, superior in her possession of the parents. She is not liked, not accepted. She finds herself totally inadequate in this new environment. It is inevitable that she will turn to behavior already suggested in her history. Without doubt, if left in this home, Mary would become an increasingly more difficult child unless the foster parents should change their attitude.

These two cases show up typical child placing problems in their very beginning stages when they are so slight, so comparatively unimportant, that they often go unnoted and unanalyzed if a foster mother is willing to put up with the behavior or if the agency is satisfied to keep on trying new placements in a blind hope that something may produce the right effect. The following case shows what the results may be if the factors causing the initial difficulty are allowed to pile up and become obscured by the symptoms. This case gives in bold relief the extremes in causes, symptoms and results of treatment.

Mildred K. was received by the old Children's Bureau on August 7, 1918, when she was just nine years old. Application had been made four months previously by her mother, then very ill with tuberculosis, but largely on the ground that she could not control Mildred. Very little history was obtained, which greatly handicapped our understanding of the problem, but there are a few salient facts.

The mother had apparently been fairly well educated, was said to have been a nurse. She appeared to be intelligent, but extremely nervous. According to her account, Mildred's father, her first husband, had been much older than herself, and had so abused her that she left him shortly after Mildred's birth. He was immoral, a drunkard, and finally died of delirium tremens. A letter from an agency who investigated certain clues said that as a very young child Mildred was peculiar, untrustworthy and not affectionate. Her mother and step-father did not seem to care about her and would leave her locked in a room alone while they went out for pleasure. A teacher got the impression that Mildred was an adopted child, so indifferent were her parents. The step-father had instructed the child's teacher to be severe with her. As a baby, Mildred was said to have been blind for a time. Such were the scraps of information that were obtained. The visitor saw the step-father, who seemed to be a surly individual and noted that the mother was afraid of him. The mother

died of tuberculosis a year after the child came into Bureau care and the only additional comment on the step-father is found in a note to the effect that he handed over her body to the State Anatomical Board.

The mother's complaint of Mildred included stealing, lying, impertinence and disobedience. She said the child hated her and a later report told of Mildred's making a mound with a cross over it in the back yard and saying that it was for her mother and she wished she were there. The only bright spot in the picture was a good school record. As soon as Mildred was received it was found that she had everything in the world the matter with her physically, and for two years she went the rounds of the hospitals. There was congenital syphilis which had seriously affected eyes, ears and nose. There was chorea and infantile paralysis which left one leg dragging somewhat. There was mal-nutrition and a suspicion of tuberculosis. Fifteen Wassermans were given in the course of those two years and the child moved thirteen times. In every hospital was the record of stealing and lying, and somewhere masturbation was discovered. From the convalescent home where she really improved, came the same story, with an account of hateful treatment of the other children and inability to get along in a group.

At this point, when Mildred was eleven, the new Children's Bureau took hold of the case. The child had been complaining of a pain in her side and had a history of former attacks of appendicitis, but was thought by the nurse to be faking. The Bureau worker brought her to the city for an examination and an operation was found necessary. She went to the Children's ward of one of the best private hospitals in Philadelphia. The worker was tremendously interested in the behavior problem and her sympathies were aroused by the unusual physical handicaps. The child responded to this attention at once. A similar attitude on the part of hospital and nurse persisted throughout her stay. For the first time she left behind her a record of good conduct. There was no complaint of any kind.

The Children's Bureau, fully aware of the problem character of this case, went into a study of the situation as conscientiously and intelligently as it was able. The mental examination showed them that with all her physical defects and her irregular schooling Mildred was only slightly retarded, and in performance tests was really above the average in ability. There was substance, maturity, depth to her responses. She had genuine interest in school and some insight into her own needs. She talked over all of her difficulties, including enuresis and masturbation. Both of these were a source of profound shame and emotional disturbance.

She expressed quite consciously her need for a home and her feeling of being lost in institutions. Particularly she wanted to be away from other children. She spoke of her mother with much feeling, expressed love for her, and nothing of the reported hatred was in evidence. The examiner did her best to establish self-confidence, and to give Mildred a sense of approval and backing from an adult who knew the worst. She reassured her about the enuresis and masturbation, telling her not worry about them, that they were not unusual or wicked, and that she would outgrow them naturally together with the stealing. The Children's Bureau was going to find her a home that would really be a home just as soon as possible. They cared about her and wanted her to have the best possible chance. She was praised for her good work in the examination and told that she had as good a mind as other children and was able to do anything required of her.

The interpretation of Mildred's behavior is simple. It is the treatment which is difficult. We have a child suffering from almost every possible inferiority, social, physical and moral. Her only assets are a fair mind, depth and sincerity of emotion and social responsiveness.

We are not going far beyond our facts if we venture to guess that Mildred was from the first an unwanted child. Physically repulsive, with the sunken, broadened, coarsened nose and the blindness and dulness of hearing produced by syphilis, she was probably sign and symbol of the suffering the mother had endured at the hands of the immoral father. She represented something hateful in the life of the mother. It is not hard to see how the child grew up an alien with the added effect of the hostile stepfather. She had no physical means of attracting attention and affection. She was shut out from every source of encouragement and support. If she did not grow to hate the mother, it is strange, although such hatred is quickly repressed after the mother's death when the idealized mother image is substituted for the memory of the unpleasant reality. Then come the compensatory activities, the lying, stealing, enuresis and masturbation. The disapproval grows and there is the secondary inferiority that comes with the sense of moral guilt. She is a sinner, a bad child, shut away from the rest of the world.

Then comes the final uprooting of all stability and security when the parents plan to put her away. They have ostracized her completely. She is not fit to live with. This is not easy to bear at any time, and is surely unsupportable at nine. Infantile paralysis and chorea add to her sense of physical inferiority. She is so different from other children, so at a disadvantage in any comparison with them as to beauty or physical skill, that she longs to be where there are no other chil-

dren. Once she confided to me with a sort of desperate courage in facing the worst, that the children made fun of her nose.

There is only one thing to be done here, after the physical side has been built up as much as it can, and that is to find the impossible, a home where Mildred will be the center of attention, where she can feel wanted, beloved, permanent. It is doubtful whether she will be able for a long time to tolerate comparison with other children. She will probably not feel safe as long as she has a rival in the home. In the meantime, school, her best interest, is to be featured heavily and recognition and encouragement given. If there is any one accomplishment which can be introduced, so much the better. Good clothes, much attention to physical appearance, every external aid to better looks are to be provided.

While the worker had the problem quite clearly in mind and aimed at fulfilling all the conditions in time, Mildred was a medical as well as a behavior problem, and the real home for her was not in sight. We had to accept a temporary arrangement offering the special care required. She was placed with a small group of children in a country home where the foster mother made a business of adjusting difficult children. The physical conditions were excellent, there was a good school and recreational opportunities. The foster mother, while not subtle or sensitive and a bit over professional, had lots of common sense, provided a really simple, easily adjusted-to environment and established a wholesome, cheerful atmosphere. A new mattress was ruined the first night. After this upset was over the foster mother began to get the idea that Mildred was to be given all the praise and recognition compatible with sincerity and a minimum of reproof and disapproval. She was to be helped to compensate for her unattractiveness and to express herself successfully in objective activity. Things began to go more smoothly. New clothes were provided liberally. Mildred was selected out of the group for music lessons, and she outshone the others at school. After nearly a year of such consistent backing with many warm friends at the Bureau, Mildred was so changed in appearance we hardly knew her. She had grown almost attractive. The foster mother gave glowing reports of her conduct, no enuresis, no stealing, no lying, and according to Mildred, no masturbation. After some time she even got along well with other children. Only when we talked to Mildred alone did the unsatisfied hunger for a permanent home and personal attachment, come to the surface. It was there as deep as ever but other compensations were getting in their work. Then, by some rare accident, the visitor who had the ideal home ever in mind ran across a situation which seemed made for Mildred.

A woman past middle age, living in a small village, owning her own little home with its pigs, chickens and cow, wanted a young girl to take the place of one who had died. She was a bit old for a child but young in spirit, active in body, doing everything about the place and quite the center of social life in the village. She had been devoted to a slightly sub-normal girl-woman for many years and wanted someone to lavish care and affection on. She had only ordinary education but was intelligent. All her plans for a child promised real love and a kind of social life that would be salvation to Mildred. She was not deterred by lack of physical beauty.

A meeting was arranged, with Mildred quite unaware of its portent. The worker, terrified at the idea of disturbing Mildred when she seemed to have adjusted so normally, nevertheless realized that it could not be permanent and the problem of Mildred's whole life was still unsolved. How many opportunities would there be for such a handicapped child to become the object of someone's love and attention? There would soon be the crises of adolescence to meet, when Mildred would add to her handicaps the sense of sex inferiority and the unwanted child would become the unwanted woman.

The meeting went off well, and the woman could hardly wait for Mildred. Christmas was at hand and she had plans for every day between. The worker took courage and transplanted Mildred, who was thoroughly upset and reluctant to leave the little group. We have had only a little over a month to judge of results but the change that has come over Mildred indicates that deep needs have been satisfied. The placement has gone to her head. She is as one intoxicated. Her burst of joy and freedom are almost a behavior problem in themselves. It seems to be largely a question of bearing up under the daily letters with which we are showered, full of joy over pigs and cats and dogs, chickens and new velvet dresses and helping the foster mother to live through this first exuberance of a released spirit.

It is easy enough to respond with understanding and sympathy to such an interpreted picture of child behavior as this story of Mildred presents, but remember that Mildred in the concrete, as she was in the hospitals and convalescent home, was not an object to arouse sympathy. She was genuinely repulsive to the sight. Her behavior was hateful both to children and to adults. You and I would have found her trying in the extreme. We would have been repelled by her ugliness and irritated by the nightly enuresis. The lying and stealing would have been stern realities. Children's behavior does not come already interpreted. It does not of itself arouse in us the proper understanding. We have to remove ourselves from the field of personal irritation and make a con-

scious effort to understand it in the light of dynamic psychology before we can expect any such reaction as most of us get from the picture given above. Mildred was an extreme case. Her behavior was the accumulated result of long continued attempts to correct it by stopping the symptoms. We must remember that in the beginning Mildred might have been as simple a problem as Rose.

At best our insight into behavior is feeble and our scientific certainty slight, but we can at least stand firmly on the ground that every human being is a problem worthy of solution and every child uprooted from its natural soil is a fit subject for the utmost intelligence and technical skill which sound case work, medical knowledge and a vital psychology can bring to bear.

Poster Making by School Children

Grace T. Hallock

Child Health Organization of America

YOUR first box of paints! Can you ever forget it? The satisfying red blots of carmine that stand for cherries, the succession of cadmium moons that float serenely in skies of cobalt blue, are part of the birthright of every child. Surely, a pair of scissors, innumerable sheets of tinted paper, and a box of paints are important properties in a child's vision of heaven.

To guide this innate love of artistic creation into the channels of health education is a very simple process. Health poster contests utilize not only the child's instinct to make actual pictures of what he sees or thinks, but also teach him to adapt his mental images and thoughts to a definite purpose. The importance of this can hardly be overestimated. Genius has been defined as the ability to think from the concrete to the abstract and when a child uses his own observations and ideas to illustrate a health truth, he is acquiring a small measure of this ability.

With increasing frequency school boys and girls are having the opportunity to take common sights of every day and give them health significance in health posters. If a teacher makes vital to the child the health rule depicted on a health poster, the contest may be effectively used to interest children in acquiring health habits. But if the prettiness of the poster is made the object, the value of poster-making as a device in health teaching is largely lost.

Health poster contests have been used in the schools with surprisingly good results, notably in New York City; Louisville, Kentucky,

Courtesy of the United States Bureau of Education.

A Boy's Poster for the New York City Schools' Contest

and Trenton, New Jersey.

"I saw a kid looking in a window", said John Casey, one of the prize winners in the health poster contest in New York City. "He was standing with his hands in his pockets and I thought, 'why not put him in my health poster?' So I did."

John's poster showed this "kid" looking at a calendar on which bath days were checked. Of the "Rules of the Game" John had chosen to illustrate "A full bath more than once a week." He had not failed, however, to notice the other rules. "I never thought about milk being good for a boy before", he said, "but now I'm trying to drink it."

It was a vivid mass of gayly-colored material from which the judges made their selection in the New York City Contest. The points on which the posters were judged were soundness of reason in stating health facts, poster technique, and teaching value. In all, about 270 posters were hung for some time in an exhibit room of the Metropolitan Museum of Art, New York, where parents, teachers and children proudly explained them to visitors. (See frontispiece.)

Then the best of them were started in groups on journeys to other communities to stimulate health poster-making. Posters made in similar contests in these communities were returned to form part of a permanent loan collection which the Child Health Organization hopes to make increasingly useful.

Shortly after the New York contest had closed, word came that the school authorities in Louisville, Kentucky, had decided upon health poster-making throughout the entire school system. The prize posters

from New York were sent to Louisville, and toward the end of the school year Louisville sent to New York a complete set of posters, showing work from the first grades to the eighth. Miss Emma Dolfinger, Director of the Science Department, Louisville Normal School, wrote of the poster-making as follows:

"Our children have made hundreds of very excellent posters, as far as the health idea goes, and some are truly beautiful, as you will find. We did not stress the contest idea; instead, we called to the children's minds their own many advantages in environment and opportunities to learn health habits. They were having a health habit contest at the time, so we asked them to choose from the list the habit which they found the most valuable or thought most important and to illustrate it so that you'd have to look at it, you'd want to look at it and you'd be convinced you ought to do it."

It is interesting to note the different type of work that children in the different grades can do. Very young children can cut pictures from magazines and print the health message beneath. They can also cut both letters and pictures from colored paper. Some of the most unique and attractive of the health posters are cut-out work. And of course, in the older grades, good poster technique and really lovely coloring abounded. The collection from Trenton, New Jersey, is really remarkable for the striking clarity of the health messages and the simplicity and attractive coloring of the designs.

It is necessary to remember, however, that health poster-making is a device, not an end, in health education. Healthy children are the goal of health education.

Physical Education Conference

The Fifth National Conference on Physical Education, held in Chicago February 28th, was conducted as a joint affair with the National Council of State Departments of Education, of the National Education Association. About three hundred people were present.

Dr. Willard S. Small of the United States Bureau of Education presided and opened the discussion. Doctor Small pointed out that while the first Conference was called for the purpose of focusing the energies of all interested organizations and individuals, the subsequent conferences had come to serve the additional purpose of bringing to the attention of the Superintendents of Education the importance and significance of physical education.

Superintendent Will C. Wood, of California, dwelt upon the significance of physical education as a means of character training, as well

as a means of health training.

The United States Commissioner of Education, J. J. Tigert, outlined the progress of physical education in various countries, pointing out that sixteen nations now have laws for the universal extension of physical education. The Commissioner commented upon the fact that in Denmark and Sweden, where a full program of physical education has been in vogue for a number of years, the records show a relatively high average of health and normal physical development among the school children.

Mrs. Ira Couch Wood, director of the Elizabeth McCormick Memorial Fund, demanded that more adequate attention be paid to training school children in healthful habits with reference to nourishment, rest and so forth. She deplored a tendency in some quarters to regard physical education activities as a cure-all for physical deficiency.

Mr. E. Dana Caulkins reported that not more than one-tenth of the children of the nation are receiving anything like adequate physical education.

The Spokane Junior Red Cross

Children Work to Remedy Children's Defects

Orville C. Pratt

Superintendent of Schools, Spokane, Washington

THE claim to distinction made by the Spokane Junior Red Cross is based on their adoption, in the fall of 1919, of a unique working program, the first step in which was the establishment of a children's clinic and hospital for the care of indigent children who were suffering from remediable physical defects. It happened that there was available space in the Horace Mann school building, and the Spokane school board granted to the Junior Red Cross the use of the rooms there free of charge. A completely equipped operating room for tonsil and adenoid cases was fitted up and five beds were placed in adjoining rooms. A surgeon was employed to perform ten operations a week and a nurse was furnished by the Senior Red Cross to give her entire time to this work.

The Junior Red Cross clinic and hospital opened in January, 1920, and to date 620 children have been operated on for the removal of diseased tonsils and swollen adenoids. Medical inspection had been in effect in Spokane for more than ten years before that time. In that period chronic tonsil and adenoid cases from indigent homes had been recommended for treatment

(Read at the Thirteenth Meeting of the American School of Hygiene Association, New York City, November 16-18, 1921.)

time after time for years with no result. The parents from such homes were simply unable to pay for the needed operations, no matter how clearly they realized the need. The law in the state of Washington is such that the schools can detect physical defects but can do nothing directly to remove them. The plan of the Junior Red Cross, therefore, filled a long unmet need.

The idea of a clinic and hospital of their own made a strong appeal to the children and this was at once reflected in their renewed interest. The boys in manual training regarded it as a privilege to make the necessary bedside tables, chairs and cabinets. The girls in sewing were glad to fashion and prepare the bed linen, bed jackets, operating gowns, curtains and towels. Even the mentally defective pupils wove rugs for the hospital floors. Teachers and principals gave it their hearty support because it offered a solution to the long-standing problem of how to remedy the physical defects of indigent children.

The favorable attitude toward the work of the Juniors brought increased membership in the organization. Accordingly, when school convened in September, 1920, a second step in the health program was taken by the employment of a nurse to give her entire time to nutrition work. Scales for weighing and measuring children were bought and placed in seven of the close-in schools. Of 3,963 pupils weighed and measured, 1,432, or 36.1 per cent, were seven per cent or more underweight. Of these underweight children only about one in five was free to gain. The others were kept underweight chiefly because they had one or more physical defects which interfered with proper growth. A nutrition class of pupils free to gain was organized in each of the seven buildings. Much interest was aroused among parents and as a result other organizations also took up nutrition work.

In December, 1920, the Supreme Court in the State of Washington gave a decision that any kind of medical or dental treatment of pupils was contrary to state law. Previous to that time the Spokane schools had employed a dentist four days each week while the schools were in session. It became necessary either for this work to be dropped entirely or for it to be taken up by the Junior Red Cross. The Juniors decided that they could finance this dental work also, and thereby took the third step in their health program. With the opening of schools in September the dentist was employed for full time. In the first six weeks of his work this fall he had appointments with 191 children, completed 113 cases and worked on 470 teeth.

The way in which this work by children for children has appealed to school pupils is evidenced by the results in membership. In 1917-1918 the membership was 48 per

cent of the enrollment. In 1918-1919 it was 51.7 per cent. When the accomplishments of the Juniors become manifest in 1919-1920 the percentage of membership increased to 75.6. Last school year the percentage increased to 101.2. At the end of the first two months of school this year the memberships already paid in amounted to 62.5 per cent of the enrollment and will no doubt again run over 100 per cent for the year.

The success of this plan because of its appeal to the children is to be contrasted with the fate of the Junior Red Cross in the region about Spokane in which no such program was undertaken. Without exception the war-time organization of Juniors in the surrounding territory has wholly disintegrated and nothing is now being done.

Throughout its four years of work in the Spokane schools, there has been entire harmony between the Junior Red Cross organization and the administration of the schools. The school authorities recognize the very high character of the service rendered by the Juniors, not only to those directly benefited, but quite as much in the valuable life lesson of helpful cooperation which the work instills in all pupils.

For the best results to be secured in this respect the children themselves should be represented at occasional meetings of the Junior board. The plan is to have a meeting at the hospital at least once each semester and to have in attendance at the meeting a child from each school. The principal of each school names as a delegate for the school some child whose scholarship and general usefulness may be thus recognized. The school delegates see the hospital while there are children there, hear about what has already been accomplished, participate in the discussion of present problems, and report back to their schools. It is evident that this arrangement tends to stress in the minds of the children the idea that the Junior Red Cross is their institution.

To this point the origin and accomplishments of the Spokane Junior Red Cross have been outlined without citing specific illustrations of the reaction of children toward it. The letter of an eleven-year old Italian boy, Mike Mantello, to the Health Supervisor will illustrate. Mike wrote as follows:

"Dear Doctor: I was the first boy to be operated so I went to the operation room I layed myself on the table then she put a piece of rag on my nose and eyes then they through some either on it. It was beginning to smell bad. The last two words I said was how long will it take? Miss Green said about 3 minutes dear.

They were through. Then they brought me to my bed. I was waking up. I was crazy. I kicked the quilt all over the bed. I said to myself I wish I would have went to the clinic yesterday. Now I got a bad cold that

I feel like killing myself. I was getting better and I said I was in the clinic and didn't know it.

I went home in an auto and am glad them old rotten things is out. I was well in 6 days.

MIKE MANTELLO.

The children who have received treatment boast of their experiences and are the envy of comrades less fortunate. Because the hospital is theirs they go to it with very little of the dread which ordinarily accompanies a visit to the surgeon. One morning when several children were brought in at the same time, the question of precedence arose among them, each wishing to be first. A little girl, who was still wearing a khaki overseas cap, stepped up and insisted, "I'm a soldier so I better go first."

A letter sometimes reveals other opportunities for the Junior Red Cross to be helpful. Take the following letter, received in connection with the nutrition work, as an illustration:

Dear Miss Miller: I am dropping you a few lines to let you know the nurse wrote mama a letter telling that Martin was not very fat and because he did not weight enough. What can mama help because he does not weight too much she gives him all the food she can afford to give him. She has seven more boys to feed beside Martin. I guess thats all for this time.

MRS. GRANDINETTI.

The problem of furnishing milk at recess time to undernourished children was met, in part at least, by buying it at wholesale prices and selling it at retail to those who could afford to pay for it. The difference between the wholesale and retail prices made it possible for milk to be furnished free of charge to those pupils who were unable to pay for it.

The letter which follows, written October 31, 1921, gives a child's version of the service of the clinic to her personally. The letter reads as follows:

Dear Red Cross: I had my adenoids and tonsils taken out last winter. I am feeling fine now. I gained 15 lb. sence. They took the best care of me there. Before I had them taken out I was out of school every little while. Now I am in school every day. I can study better now than I could before also I am getting better grades, I feel 100 per cent better sence and I think every city should have one to care for the children that can't pay to have them taken out.

JENNIE C.

The letters quoted are typical of the reaction of pupils toward the children's hospital. The finest thing about the institution is that the children who receive its benefits do not feel that they are accepting charity in going to it. It is their hospital, an institution financed by their own efforts. Those who are "graduates" of the hospital are eager for others to go, and many write the school physician and nurses voicing their appreciation.

After two years of experimentation with the Junior Red Cross, reorganized along the lines indicated, it is the firm conviction of those connected with it that it deserves a

place in every system of schools. It offers children a definite work to do upon which they can enter with enthusiasm because they can see the benefits derived from their efforts. It is therefore in harmony with and constitutes an example of the highly educative project method of teaching, in that the impulse to action proceeds from an inner urge rather than from outer compulsion. It leads children to cooperate for a worthy end and teaches them the effectiveness of united action.

Moreover, it directs the attention, not only of the children but of everyone in the community, to the health side of education, which is education's most neglected aspect. The exact program to be undertaken will vary, of course, in accordance with the varying needs of different communities. The field of opportunity is wide open and it will not be difficult to find a neglected spot worthy of cultivation.

Then finally, there is the service of incalculable value which may be rendered, without pauperizing effects, to indigent children. They are the unfortunates who dwell in the valley of the shadow of poverty, close by the borderland of pauperization. They must be helped, but in receiving help they must not be pauperized. The Spokane Juniors guard against the danger of pauperism in two ways. In the first place, membership in the Junior Red Cross is not an individual matter, but is a collective enterprise based upon the school as a unit. Individual contributions are solicited but much of the quota is secured by some project, such as an entertainment or a paper drive, in which all pupils can participate. Then, in order that the self-respect of the family from which a child goes to the hospital may be retained, the parents are invited to contribute any amount not to exceed five dollars.

The indigent children of today are apt to be the indigent parents of tomorrow. Society owes it to them to remove every handicap as far as possible and to give them as nearly as may be that equality of opportunity which is one of the fundamental tenets of Americanism. Sometime America will awaken to the full realization of the fact that compulsory health education is quite as essential as compulsory mental education. Meantime, the experience of the Spokane Junior Red Cross indicates that the children themselves may hasten the coming of compulsory health education by demonstrating something of its great value. Then, when these same children become America's sovereign citizens, they will insist on the incorporation of a health program as an integral part of education. To every child, by virtue of being a child, will then be opened the doorway of opportunity to such health and physical stamina as he may attain, free from the incubus of every kind of remediable physical defect.

Mother and Child Health Talks

Number 3

What is Prenatal Care?

Fred L. Adair, M. D., Minneapolis.

PRENATAL care is that part of maternal care which has to do with the prospective mother and her future offspring. The objects of this care are to conserve the happiness, health, and life of the woman and her unborn child. This is accomplished by the education and supervision of the prospective mother by workers trained in social, nursing, and medical fields. In a social way the mother is taught how best to utilize the resources at her command, and how to make the most of her environment. A study and improvement of home conditions is especially important in certain groups. Often, by very simple means, much can be done to improve even the worst conditions.

From the nursing and medical point of view hygiene must be taught. This includes particularly the hygiene of the home, as well as personal hygiene. Prevention of diseases by avoidance of exposure to any communicable disease should be accomplished in so far as possible.

The early detection of diseases and of abnormal conditions is very necessary and their proper handling and treatment is a very important part of nursing and medical care. These diseases and complications may be divided into two general groups: first, those which are not necessarily associated with pregnancy; second, those which arise from the pregnancy, or become complications from the existence of the pregnancy. These diseases and conditions threaten the happiness, health, and life of the mother and baby and should not only be recognized as early as possible, but they must be properly managed in order to prevent disastrous results to both mother and baby. It is essential that pregnant women should confer with highly trained workers in these various fields of activity in order to secure the best results from prenatal care. It is very important during this period of life that women should understand not only how to take proper care of themselves, but that they should learn the proper care to be bestowed upon the future child.

Among the reasons for having good medical care early in pregnancy may be mentioned the need of proper instruction regarding per-

sonal hygiene such as exercise, bathing, sleep, rest, clothing and diet. The relief of unpleasant symptoms, in so far as possible, is extremely important. The early detection of lung diseases, such as tuberculosis; of heart disease, and of kidney disease is of very great importance. The early detection and treatment of venereal disease is most important during pregnancy. An understanding of the importance of giving heed to certain signs which may develop during pregnancy, such as bleeding which may be an early symptom of miscarriage, is essential. Bleeding at any time during pregnancy must never be ignored.

There are other indications of trouble to which the prospective mother should give heed. Pain is one of these which is, however, not often ignored, as the patient usually demands relief. Headache and pain in the back, or abdomen, are of particular importance during pregnancy. Fever, loss of weight, marked shortness of breath, coughing, pain in the pit of the stomach, marked heartburn, vomiting, diarrhea, constipation, scanty urination, abnormal discharges, swelling of face or extremities, are all signs and symptoms which should lead the woman to seek professional advice.

It is very important that the prospective mother especially in the early months of pregnancy should provide the proper clothing and equipment for herself and the baby, If she expects to remain at home for confinement it is very necessary that she prepare clean and sterile sheets, towels, pads, and dressings, which can be utilized at the time by the physician and the nurse.

It is very important that a woman make proper arrangements early in pregnancy for nursing and medical care, and not summon aid as an emergency at the last moment. During pregnancy, the medical attendant should make a proper physical examination, which includes a general examination, and a special obstetrical examination. Routine examinations and observations of the patient's general condition, and special examinations of the urine and blood pressure should be made periodically. This advice may seem superfluous to the woman who feels well, and considers herself to be in good health. Not infrequently, however, women are menaced by a very serious condition (which can be detected on proper examination), and yet they feel perfectly well, and remain in absolute ignorance that they are so menaced until the condition has reached a point where it is impossible to secure the best results for both mother and baby. In conclusion, prospective mothers owe it to themselves, their families, and the community to seek the best available care during pregnancy, confinement, and the lying-in-period, if at no other time.

MOTHER AND CHILD

A Magazine Concerned With Their Health

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APRIL, 1922

Investigation Versus Study

In recent years it has come to be well recognized that the world is very far from being humanized, in spite of the wonderful work of the Church and the State in endeavoring to bring about a religious and a social agglutination of people and of peoples. Social work, viewed in retrospect, is seen to have had many definite phases—tides of effectiveness, so to speak, that ebb and flow with the centuries. We are constantly discovering new things about society and the human race which we fondly imagine were not realized by any person or any group of persons before our time, and we are prone to feel a little sorry for bygone generations and their lack of preoccupation with their brothers' needs. In the fullest sense we are inclined to be sociological "bromides;" for did not the inventor of this much used epithet define a bromide not simply as a person who makes trite and hackneyed remarks, but as one who makes that sort of remark with the smug air of one who is saying something entirely original? It is quite as possible to think and to act bromidically as it is to become a vocal bromide: bromidian is, after all, a state of mind.

When we view with satisfaction our present-day methods of dealing with social problems, such as the care of dependent children, we contrast modern views and ideas with those of a century ago—and we are highly pleased by the contrast. None would dare get up in Congress nowadays, as Pitt did in Parliament after the Napoleonic wars, and suggest that taxes for our national debt be defrayed by putting children to work. The horrible abuses in the nineteenth century in the English cotton mills, which were finally corrected only by the efforts of Oastler and his friends, are conditions which have passed away—we hope never to return. Reflecting on this we feel a reasonable sense of virtue and a certain amount of pride in our own era. Of course, if we happen to go back to a study of the mediaeval guilds, and learn how these benighted people of the middle ages somehow had blundered on and put into practice the idea of having the orphans, or abandoned, or needy children of their fellow members reared in a private home of suitable

comfort, educated in the hand craft of the guild at the guild's expense, and taught by responsible religious men and women to be useful members of society,—this might amaze us if we did not, because it occurred in the middle ages, look upon it as accidental. Yet, however appreciation of our own virtues may benumb our critical faculties, we will be forced to admit that in the field of humanizing social problems the thirteenth century could learn nothing from the nineteenth.

It is only within the last two hundred years that the practice of huddling unfortunate dependent children into institutions and then forgetting about them came to be prevalent as a measure of more or less humanitarianism or expediency. It took almost two centuries to teach us the dangers to the physical and moral welfare of the child by such wholesale disposal of dependent children. Boarding out of dependent children was then taken up enthusiastically as the placebo, if not the specific, for the several ills of the institutional system. Society generally has not yet discovered that no system which does not give the child individual attention and insure to him intelligent study of his adaptability to a prospective environment, will remove the ills we are attempting to eradicate. The evils of institutionalism are not in the name itself nor in the fact itself—they exist in the theory that hundreds of flexible little human minds may be packed into one unyielding mold, and that no attempt need be made to help the development of these complex personalities. It took some of us a long time to realize that the inherent evils of the institution may persist and even be emphasized in unintelligently supervised home care or "boarding out." "Every human mind is a problem worthy of solution, and every child uprooted from its natural soil is a fit subject for the utmost intelligence and technical skill which sound case work, medical knowledge and a vital psychology can bring to bear." The person who said the foregoing put her finger on the weak spot in any system of caring for dependent children which puts these children into any place—be it home or institution—and then forgets about them. Doctor Jessie Taft has none of the complacency which unfortunately characterizes some ultra-modern social workers concerning the "placing out system." She has too much knowledge and has had too much experience to succumb to any such bromidic pitfall, and those who are really interested in the work of humanizing our care of the dependent child cannot fail to realize after reading her essay on the effects of the broken home and misplacement by an agency on apparently normal children, that here is a practical study in child psychology as applied to a social problem which is more instructive and enlightening than a whole five foot shelf of data and tables.

JOHN FOOTE.

The Day's Work

STUDY OF NEW YORK SCHOOLS

The Teachers' Union of New York City is making a study of physical conditions in the city schools, based upon reports of members of the union employed in 61 school buildings. The subjects covered include cleanliness, drinking water, condition of lunch rooms, noise, ventilation and heating, lighting and general conditions. A report will be published with suggestions for improvements. (*American Journal of Public Health, December,* 1921.)

UNEMPLOYMENT AND HEALTH

A study of the effect of unemployment upon health has been made by the Instructive District Nursing Association of Boston among the families coming under its care. The families under care totaled 4,013. In 466 families the head of the family was unemployed and the average number of members of the family was five. The average length of unemployment was six months; the average wages before unemployment ranged from $25 to $27; the average income at time of investigation, in the 206 cases where a definite amount could be assigned, was $13 to $15. The number of families in which the health of one or more members had been affected was 249; the health of the entire family had suffered in 76. The number of men with health affected was 4 and possibly 6; of women, 181; of families in which the children were affected, 174 (the total number of children was much larger.) In three-quarters of the families the children were suffering from undernourishment.

THE HEALTH OF WORKING CHILDREN

A study of the health conditions of twelve hundred children registered in the Newark Continuation Schools has been made by Doctor Mitchell of the National Child Labor Committee. The children worked five and one-half days a week and attended school three hours a week. The purpose of the investigation was to determine whether the defects of physique which had been found when the children were examined in order to secure their working papers had been aggravated by subsequent employment; whether the particular work in which the children were engaged exerted any injurious effects upon their health; and whether any additional protection by the health authorities was needed.

Of the whole number of boys and girls examined, 6.5 per cent of the boys and 9.2 per cent of the girls were found to be seriously malnourished. These malnourished children had very generally failed to make normal gains in weight and many had even lost weight since they had received their working papers. Orthopedic defects

were prevalent among the girls, especially among the malnourished ones. In addition to the routine examination, 117 boys and 93 girls were given a special and thorough chest examination, the findings of which would, with slight corrections, be typical for the entire group. Of the boys, 15 presented conditions indicative of incipient tuberculosis and 19 others had suspicious signs; among the girls, 14 were found with signs indicating early tuberculosis and 16 with suspicious symptoms. Every one of these children was in need of immediate medical attention. Of the whole group ten per cent of the boys and fourteen per cent of the girls had defective vision. Half of the children had dental defects, and many were suffering from diseased tonsils. Four per cent of the boys and five per cent of the girls were suffering from cardiac troubles.

The author states that while it is difficult to draw conclusions from the data disclosed because of the small numbers involved and the difficulty of determining to what degree the results are the effect of employment and how much other factors enter in, it is evident that the safeguarding of working children requires more than an initial examination. To do good preventive work in this group, it is essential that all children in industry have periodic examinations, and that the same standards be used in every examination. (*Statistical Bulletin, Metropolitan Life Insurance Company, January,* 1922.)

THE STATES AND THE BABY LAW

Within four months after its passage, thirty-three States have already accepted the new Maternity and Infancy law. In practically all the other States responsible officials have indicated their interest in the Act, and in most cases the probability of its acceptance. The States of Delaware, Minnesota, New Hampshire, New Mexico, Oregon and Virginia have accepted through their legislatures the provisions of the Act, the first four having done so in advance of its passage, Oregon at a special session of the legislature during the month following, and Virginia in its regular 1922 session. It is provided that the Governor of a State may accept the Act for a period extending until six months after the next legislative session following its passage, and the Governors of twenty-seven States have accepted the Act pending the next session of their legislatures. These States are: Alabama, Arizona, Arkansas, Colorado, Connecticut, Florida, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Missouri, Montana, Nebraska, North Dakota, Ohio, Oklahoma, Pennsylvania, South Carolina, Texas, Utah, Vermont, West Virginia, Wisconsin, and Wyoming.

THE CLEVELAND TEACHING CENTER

The annual meeting of the Red Cross Teaching Center of Cleveland was held Tuesday afternoon, February 28. The meeting illustrated the new method of interesting the public, by means of silhouettes, in the work of the teaching center. The silhouettes, by the members of the Junior League, pictured how easily mothers can be taught to properly feed and care for their children, and how workers in the factories can easily be taught simple first aid methods. Tableaux were shown both before and after the presentation of the silhouettes. Without the usual long and tiresome reports, the directors got an idea of the health teaching carried on by this center.

By the use of the silhouette the care of a child by an uneducated mother was vividly portrayed. The child slept in all of her day clothes, and had for her breakfast coffee, and immediately started for school. The following silhouette showed the care received by the same child after her mother had received the health lessons as taught by the nurses from the Teaching Center. In this picture the child was gently awakened and carefully bathed. She brushed her teeth, and the mother, seated at the same table with the child, served a proper breakfast to her, giving her milk instead of coffee. Even the mental attitude of the mother was clearly shown by her actions as portrayed on the silhouette screen. Sickness was also pictured—first, by the neighbor being allowed to wrap her stocking around the child's throat; and second, after the mother had received her health instruction, when the child was immediately put to bed. The doctor was sent for and gave the child a careful examination and treatment.

PRACTICING BABY CARE

The students living in the practice house of the Home Economics Department of the University of Nebraska at Lincoln have adopted for the school year a baby entrusted to them by the judge of the juvenile court. The care of the baby, under the supervision of the instructor in home economics, will form a part of the required college course in that department. Once or twice each week the girls will be required to take the baby to a baby's clinic, conducted by two Lincoln physicians. (*New York Globe, December 2,* 1921.)

Training in child care is likewise included in the home making course at the University of Arizona. The practice house used by the Home Economics Department there has acquired a fully equipped nursery for the two year old child who has become a part of the household. (*Journal of Home Economics, December,* 1921.)

The Seniors in Home Economics at the Cornell College of Agriculture adopted a baby for similar demonstration purposes last year, with beneficial results to both themselves and the baby.

PHILIPPINE ISLANDS

The First National Conference on Infant Mortality and Public Welfare in the Philippine Islands was held in Manila from December 6 to 10, 1921, under the patronage of Governor-General Leonard Wood. The delegates attending the Conference were most representative, there being 1,280 registered from the towns and communities all over the Islands. The subjects discussed during the five days of the Conference were the health of mothers and children, health and sanitation, the organization of social forces, and general public welfare. The speakers were representative of the government and of the chief social agencies in the Islands, and the very successful outcome of the Conference is considered of great importance to the growing child welfare activities that are being conducted in the Philippines.

EL PASO DENTAL CLINIC

Twenty-two dentists of El Paso are donating their services in the Red Cross dental clinic for children, according to a report just presented by the chairman of the Junior Red Cross Committee in that city. Out of 1,768 children examined, 96 per cent required immediate dental treatment. The clinic has grown to such proportions that an effort is being made to secure a salaried dentist, in addition to the volunteers. (*Red Cross Courier, February* 11, 1922.)

TRAVELLING CLINIC IN WISCONSIN

A "Child Welfare Special," modeled after the one used by the Federal Children's Bureau, is to be purchased by the Children's Bureau of the Wisconsin Board of Health, through an appropriation made for the purpose by the last legislature. The "Special" will be a large motor truck fitted up as a clinic, in charge of a woman physician and a nurse, which will travel through the rural sections of the State supplying medical service to the children. Three-fifths of the children of Wisconsin live in rural communities. (*Milwaukee Journal, January 22,* 1922.)

CHILD HEALTH WORK IN INDIANA

The Division of Infant and Child Hygiene, of the Indiana State Board of Health, was authorized by the 1919 session of the Legislature, and an appropriation of $10,000 was made for the work. Advance lectures were given and literature prepared. In May, an organized field party began holding Health Conferences in counties that had organized by townships for the work. As the funds originally appropriated were not sufficient to meet the popular demand, an emergency appropriation of $5,000 was made by the 1921 legislature to carry the field work through the summer of 1921 and an annual appropriation of $20,000 for the next two years was granted.

The staff for the year consisted of a director, a secretary, three

field nurses and a general assistant. There were, in addition, special lecturers in pediatrics, obstetrics, and so forth, who were temporary field assistants.

By September 30, 1921, conferences had been held in twenty-seven counties. Over 7,000 children had been examined, and personal consultations had been held with parents concerning their care. Lectures were given with or without moving pictures in 290 towns, and special demonstrations and rest rooms had been conducted by nurses in twenty-four places. Four hundred and seventy-six local, fifty-three state, and sixty-three national organizations participated in the work, and a large number of parents and officials have reported benefits to children resulting from the correction of habits or defects.

The work in several counties is worthy of special note. The nurse in Fayette County is more than a nurse to her district—she is an institution. She is also a member of the Board of Children's Guardians and Attendance Officer. Many plans for the promotion of child health and happiness have originated with her and whenever a child needs help, she finds a way. Her program for child health conferences included not only the examinations of children, and the usual talks and demonstrations, but music by local talent and a community song fest before each evening program. After the program, the entire audience over seven and under seventy, was invited to play games led by recreation directors.

Ice cream and lemonade for the weary and thirsty paid expenses and left a tidy sum for "follow-up". The use of two cars donated by the local automobile company provided transportation for both workers and children. Local physicians assisted in the examinations and later decided on future plans for future work.

In Steuben County, the Secretary of the County Medical Society was the moving spirit, but other physicians, teachers and clubs of women rallied well to her support.

The combination of an energetic county nurse, a live group of medical men, a splendidly organized group of women, and a newspaper reporter with vision made Laporte County the banner county of the year in point of the number of children examined, and August the best month of the campaign.

In addition to conference examination of children, members of the Staff have been detailed to conduct rest tents and place exhibits at fairs, festivals, home comings, and so forth. Not only have tents or rooms and beds been provided by local authorities, but kindergarten material, playgrounds, milk and cracker lunches, and refrigerators for babies' milk have been provided, and many personal conferences with mothers have been held. (*Annual Report of the Division of Infant and Child Hygiene of the Indiana State Board of Health.*)

The Foreign Field

LATIN AMERICA

Bolivia

COMPULSORY BIRTH REGISTRATION

On August 11, 1921, the government of Bolivia issued a decree requiring the registration by parish priests of births and marriages without reference to religious creeds. In the capitals of Departments and thickly populated districts this registration is to be made by the civil registration officials.

Chile

SCHOOL LUNCHES

The society called "Ollas Infantiles" furnishes lunch to approximately 2,000 of the school children of Santiago, who otherwise would suffer from lack of nourishment. A great improvement in the physical and mental condition of these children has been noted. Under Government supervision, one lunch room for forty children is provided for every three schools. These Government lunch rooms were established in October, 1921.

Peru

CHILD WELFARE ORGANIZATIONS

In Lima and Callao the private and public institutions for child welfare are the Casa de Convalescencia for sickly public school children; the milk stations founded by the Government; the Auxiliary Society, with its milk station, dispensary, and kindergarten; the Children's Protective Society, which also has a milk station; and the Institute for Blind Children.

(*The above notes appeared in the Bulletin of the Pan American Union for February,* 1922.)

Brazil

NEW BUREAU OF CHILD HYGIENE

A Bureau of Child Hygiene has recently been created in the State Department of Health, under the direction of Dr. Fernandes Figueira, President of the Brazilian Pediatric Society. The Bureau is planning to establish child health centers and to hold conferences. (*Journal of the American Medical Association, February* 4, 1922.)

PENDING GOVERNMENT BILLS

Sweeping reforms in the conditions of work for women and young persons are proposed in Government bills which have passed their first reading in the Brazilian Chamber of Deputies. The bills are intended, among other things, to give effect to the conventions and recommendations adopted at the First International Labor Conference. Among the laws regulating the work of women is a provision that each worker shall be entitled to a rest of 30 days before and 40 days after childbirth. Factories and workshops where more than ten women are employed

shall provide nurseries for the babies of the workers, the upkeep of which shall be by contributions from the worker who places her baby there and from "the adult unmarried male workers, who do not support either a widowed mother or sisters who are either unmarried or widows." (*Woman's Leader, December* 23, 1921.)

Great Britain

INFANT MORTALITY RATES

According to figures issued by the Registrar General of England and Wales for the third quarter of 1921, Christiania had the lowest death rate for babies under one year of age of any city in the world. The rate was 33 per 1,000 births. Amsterdam ranked next with a rate of 42, Stockholm had a rate of 47, and Copenhagen 48. The rate for London, for the civilian population only, was 93. The rate for the same period in Berlin was 146. The highest rate was that of Bombay, which was 630.

PUBLIC HEALTH IN NEW ZEALAND

New Zealand was the first country to appoint a Minister of Health. The New Zealand Health Act of 1920 enabled many administrative reforms to be accomplished, and among them was the splitting up of the central health department into several divisions under the control of the director-general of health, Dr. T. H. A. Valintine. These divisions are concerned with public hygiene, hospitals, nursing, school hygiene, dental hygiene, child welfare, and Maori hygiene. The department dealing with child welfare is distinct from that of school hygiene, and is under the direction of Dr. Truby King, C. M. G. (*Medical Officer, January* 14, 1922)

Austria

SCHOOLS FOR DEAF CHILDREN

Four special schools for children with defective hearing were established in Vienna at the beginning of the current school year. The curriculum is the same as that of the regular schools. The classes are conducted by specially trained teachers and are limited to fifteen pupils each. (*Zeitschrift fur Kinderschutz und Jugendfursorge, October,* 1921.)

FLOATING SUMMER HOMES

Last summer one of the women's organizations of Austria chartered two steamboats, which they fitted up for summer homes for children. Two parties of fifty children each were given a four weeks' vacation. (*Zeitschrift fur Kinderschutz und Jugendfursorge, October,* 1921.)

HIKING FOR HEALTH

"Hiking" is one of the activities promoted by the Children's Bureau of Lower Austria, as an antidote to ill health and the evil influences of bad literature and movies. The Bureau has established 62 shelters for young hikers, where food may be obtained at a nominal price, and has secured reduced rates on the railroads for child excursionists

between the ages of eleven and eighteen. A paper, "The Young Hiker," is published by the Bureau. The undertaking has proved very popular. (*Zeitschrift fur Kinderschutz und Jugendfursorge, August-September,* 1921.)

Germany

PROMOTING OUTDOOR SPORTS

The central committee for the promotion of outdoor sports for children and adults recently appointed a commission to study the needs of rural communities and to make recommendations for action. (*Veroffentlichungen des Reichsge-Reichsgesundheitsamtes, November* 16, 1921.)

MIDWIFERY LAWS

A law which came into effect in January, 1922, establishes a minimum wage for midwives of 9,000 marks a year. If the income of a midwife whose work comes up to the required standard is less than 9,000 marks, the amount is to be made up by the district where she practices and half the extra amount paid her is refunded to the district by the State. The midwife is also to be compensated by the State for any outlay for disinfectants, and for loss of time on account of quarantine or compulsory attendance at continuation school. In case of disability, midwives who have practised ten years, and in some cases a shorter time, may receive a pension.

A mutual insurance fund for midwives practicing in Hamburg was established by a law of October, 1921. The fund provides pensions for midwives retired on account of age or permanent disability. (*Veroffentlichungen des sundheitsamtes, November* 30, 1921.)

Greece

VOLUNTEERS IN ATHENS

Mrs. Charlotte M. Heilman, Red Cross nurse and director of infant welfare for the American Red Cross in Greece, has written from Athens an account of the work carried on there by volunteers, showing that the Athenians are still ready as in Paul's day, "to hear and to tell some new thing." Twenty-five of these volunteers have been trained to work, and they are working regularly.

"My explanation of our success with volunteers," Mrs. Heilman says, "is that, in the first place, a fine class of women is chosen; definite work is given to them on which they are required to report and for which they are held responsible; and a short but systematic course of instruction is given to them so that they understand what they are doing. The nurse, Miss Tymon, who first started the work two and a half years ago, deserves the credit for making a good beginning. Some of her original class is still working regularly. Following Miss Tymon, Miss D'Olier, a very capable nurse, was in charge and I

was her assistant until she left the first of last January (1921), when I succeeded her.

"Our plan here is as follows: The city is divided into districts and the districts sub-divided. Each Volunteer is given a group of babies in one sub-district, and is held responsible for them. She must see that they attend the Infant Welfare Conference weekly on the appointed day for that district and must, herself, be present to see to her babies. She takes her turn weighing, measuring, assisting the doctor, and so forth, and must visit all her babies not less than once a month to see that the mother understands and carries out the doctor's advice. The Volunteer is given the responsibility of the record cards of her babies, and must make their weight chart.

"Her responsibility does not end with the baby itself, but she must do all she can for the welfare of the family, and for the hygiene of the home. If she finds a family in distress she must go from one agency to another until she finds the necessary assistance for them; if she finds a father out of work she must help him to find a job; if she finds illness in the family she must find a hospital bed or other means of caring for the sick person. We teach them that all this is Infant Welfare, since whatever affects any member of the family reacts upon the welfare of the baby.

"One of the greatest proofs of the success of our work here is the fact that the doctors and the mothers have begun to demand the home visiting. During the past Summer we began the system of requiring a sort of probation of one month before a Volunteer is actually enrolled, so as to give her an idea of what the work is like, and us an opportunity to judge the capabilities of the worker before giving her a "Visitor's Book" which indicates that she has had cases definitely assigned to her. The system is working well.

"The Volunteer carries each baby until it is two years old, when she discharges it, and enrolls a new one in its place. The new one must be not more than three months old, and preference is given to the newborn. Many workers have their list filled before the babies are born. In these cases she gives the expectant mothers pre-natal care.

"The work of the Volunteer is under the supervision of Graduate Nurses, one an American, and one a Greek trained in America.

"Our work is growing steadily, and has been taken over by the Government under a new ministry which is enthusiastic about what we are doing.

"I anticipate that at least six of our best workers will be taken on as full time workers with salaries after our present course of classes is completed. Two years ago these young women would not have dreamed of working for money. They are all young women of the best old Athenian families."

France

PURE MILK PICTURES

A motion picture film on milk production was recently exhibited by the "French Ligue du Lait." The picture was obtained in the United States, and its purpose was to interest the French public in the methods by which the purity of the milk is assured in the various processes through which it passes from the time it is drawn from the cow until it is consumed. (*Journal American Medical Association, January* 28, 1922.)

Belgium

REFORMS IN PHYSICAL EDUCATION

A special government commission has recommended the following reforms in the field of physical education: compulsory physical training for boys and girls in all elementary and high schools, including industrial and special schools; continuance of physical training up to the age of eighteen by children who have been permitted to leave school; a permanent government council on physical education, and a bureau for the administration of the law bearing on the subject. (*La Protection de l'Enfance, September-October,* 1921.)

China

PROGRESS OF HEALTH EDUCATION

Doctor W. W. Peter, secretary of the Council on Health Education in Shanghai, writes that "in spite of the chaotic political conditions existing in China generally, there are islands of relative peace and stability internally, such as the provinces of Kwangtung, Kiangsu, and Shansi, where officials and other Chinese have expressed a desire to begin a public health program. Canton has recently organized a health department with the help of our Dr. S. M. Woo, who spent six months there. The police commissioner of Nanking has appealed for help in promoting health education in the capital city so that the people will give some measure of support to certain health measures which he proposes to inaugurate."

Chinese translations have been made of the United States Children's Bureau pamphlets, "Pre-natal Care" and "Child Care," and of Dr. L. Emmett Holt's "The Care and Feeding of Children." These are circulated by the Council on Health Education, together with a pamphlet giving directions for a Baby Week Campaign. Health plays in Chinese have also been prepared by the Council. The program of the Health Week held in Kuling from July 19 to 23 last, included lectures and discussions on such subjects as "Pre-natal care of the mother and the convalescent period;" "A suggested physical program for schools;" "The care of the baby: bathing, clothing and habits;" "Infant feeding;" and demonstrations of the preparation of milk formulas. In addition, health films were shown each day during the week.

Recent Literature on Mother and Child Welfare

The Evolution of Modern Medicine (The Silliman Lectures). Sir William Osler, Bart., M. D., F. R. S. New Haven, Yale University Press, 1921.

Among literary men those who are eloquent with a pen exceed by far the number who can adequately express themselves vocally. The erudite literary worker who is able to speak his ideas with grace and conciseness, giving himself the opportunity later to make necessary corrections in the dictated text, possesses a great advantage over his brother who is a slave to the pen—or the pencil, or even the typewriter.

When one remembers the smoothly rolling and epigrammatic sentences in Sir William Osler's "Aequaenimitas," and in his numerous addresses delivered on various occasions, it is easy to deduce that he first spoke and then wrote his speeches. There is a liveliness in the style, a cadence to the phrases, an ornamentation in allusions, that in its very unaffectedness reaches the perfection of literary craftsmanship. "The Evolution of Modern Medicine", the title given to the Silliman Lectures, delivered at Yale University by the late Sir William Osler, in April 1913, and published very recently, was designated by the author in a letter to one of the editors as "an aeroplane flight over the progress of medicine through the ages." Yet it is more than that. No writer was better qualified than Osler to see the human side of medical progress, and to write what might well be known as the philosophy of medical history.

From the time when primitive man dimly sensed disease as a mysterious affliction sent by a malignant supernatural power, down to the evolution of modern scientific medicine within the last century, it might seem that man's progress in knowledge must have gone on with steadiness and certainty. No one understood better than Doctor Osler the fallacy of this inference; the "aeroplane view" he knew was an apt figure since it must show a relief map of hills, and plains and valleys, peaks of achievement and chasms of ignorance, from the very beginning of man's knowledge.

The history of medicine is largely the history of the achievements of certain great men who stood upon the mountains, and whose names and deeds need to be recalled rather than rediscovered. It is around such outstanding personalities that "The Evolution of Modern Medicine" was written. After all, "schools" of medicine have usually risen up on the ideas or idea of one individual. Many of these "schools" have passed away, but all of their

good ideas are still living. For example, Brown, propounder of the Brunonian system of medicine, and Auenbrugger, the discoverer of percussion, lived and worked and wrote during the late eighteenth century. Brown's work was famous in his day; Auenbrugger's was ignored. Yet today Brown and his works are forgotten, while the knowledge originally given in Auenbrugger's thin volume on percussion is found in every modern text book on diagnosis. The history of medicine is largely a history of persons whose ideas lived longer than themselves.

Too much cannot be said in praise of the manner in which the text of this unusual book is illustrated. Photographs culled from all quarters of the globe, some of them very rare, are used lavishly.

In the preface by Lieutenant Colonel Fielding Garrison, U. S. A., we are informed that these photographs were assembled by the author when the original lectures were being written. Edward Streeter, of Boston, Fielding Garrison, of Washington, Harvey Cushing, of Boston, and Leonard Mackall, of Savannah, revised and corrected proof, and verified citations in the manuscript—an editorial board of impressive scholarship.

"The Evolution of Modern Medicine" is not a reference book, nor a technical manual on medical history for the scholar—though it is none the less authoritative. It is an absorbingly interesting story of the development of one of the most human branches of knowledge, told by a man of wide culture, who could convey his ideas beautifully and simply, without in the least writing "down to his audience."

JOHN FOOTE.

Community Responsibility, A Review of the Cincinnati Social Unit Experiment. By Courtenay Dinwiddie, with Statistics of Health Services in the Unit District by Bennet L. Mead. Published by the New York School of Social Work, 105 East 22nd Street, New York City. Price, 35 cents. 171 pages.

The intellectual sincerity with which the Social Unit Experiment was conceived, and the thoroughgoing self-analysis and honesty of purpose exhibited during the period of test and at the time of its formal termination, cannot fail to evoke expressions of applause for the courage, capacity and vision of its proposers and its administrators.

The broad mind and sound judgment, born of close thinking and long personal practical experience, which Mr. Dinwiddie brings to the scholarly monograph on "Community Responsibility" make this contribution to modern sociology particularly valuable.

Given the state of mind or of sentiment, and the inherited opinion and principles of life in the present day United States, it was almost inevitable that practical service for the mother and babe should be the first to crystallize out of the idealism and readiness to be of neigh-

borly help which marked the meetings and discussions of the Mohawk-Brighton Citizens' Council. The mother and babe and our care of them are the symbols and tokens of our devotion and our intelligence.

Logic and the inevitable appeal to the nurse by the parent to continue the beneficent prenatal, maternal and infant period of care into the dangerous ages up to the school career, determined the next advance in the community service.

Results from health supervision here as everywhere were convincing, but it was not this which excited the interest of physicians, nurses and the parents of little children. The great value of the experiment was the extent and rapidity with which the lessons offered to or sought by the community were learned. It was the ultimate demonstration of the soundness of democracy in action, freed from suspicion of philanthropy and functioning as a body of self-determining units held to an undertaking by fundamental human needs and aspirations.

It is greatly to the credit of the medical profession represented by the practitioners of the district, that they encouraged, served and helped to support a kind of medical practice which few of them had previously shared in or taken pains to inform themselves about, and a type of educational effort which many physicians fear is to their financial disadvantage. Of the nurses too much in praise can hardly be said, for they were the technicians upon which the whole project depended. They proved the cause of the generalized nurse in a convincing manner.

Neither medical nor nursing services for mothers and children will ever be effective unless sought, whether for prevention or cure, by the households of the community. To have shown that a self directing community learns quickly that all mothers and all children need and profit by preventive health education and supervision is in itself sufficient cause for pride and satisfaction for the entire Unit Organization from block-worker to director.

Each community leader, every student of social organization for health objectives will want to study this classic of Mr. Dinwiddie's.

HAVEN EMERSON.

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After the First of May, 1922
the Headquarters
of the American Child Hygiene Association
will be
17th and F Streets, Washington, D. C.

Do Matek Polek.

A Polish artist's cover design on a Red Cross Health pamphlet used in Poland.
(*See page* 217)

MOTHER AND CHILD

A Magazine Concerned With Their Health

VOL. III MAY, 1922 No. 5

A New Story of Pandora's Chest

Louise Franklin Bache

LONG ago when the world was still young there lived a maiden named Pandora whose curiosity was so great that she opened a chest belonging to the gods, and let loose upon the world a horde of ugly winged creatures, the sorrows and ills we know today. Fortunately for us all there was in this chest one good spirit whose name was Hope. Wherever the winged creatures went Hope followed, doing all in her power to make amends for their bad deeds.

Traveling up and down Europe last winter I found myself recalling this story many times. The characters in the legend of necessity changed. The last great war assumed the role of Pandora; the manifold sufferings which accompanied and followed the war took upon themselves the hideous forms of the winged creatures, and at every post where brotherly love presided and succor was given there Hope starred. Hope might be the American Red Cross, the American Relief Administration, the Anglo-American Friends Society, the Near East Relief, or what not—it mattered little so the good work went on.

This leads me to the part that the children of America, represented by the Junior American Red Cross, have played in the "Hope" work of Europe. To you who do not know the Junior Red Cross let me make haste to introduce this new and powerful organization of school children.

The Junior American Red Cross was organized during the war to aid the men at the front. At the close of hostilities the organization had grown to such dimensions and spread its work of service with such telling results that the schools arose to remonstrate against its demobilization. The result was that the Junior Red Cross was recognized as a permanent institution with constructive service to perform. With its peace-time program came the bigger vision of a "League of All Children." "If we can bring together the children of all nations in world-wide bonds of understanding and friendship," said an educator, "there will then have been achieved an unrivalled power for the future

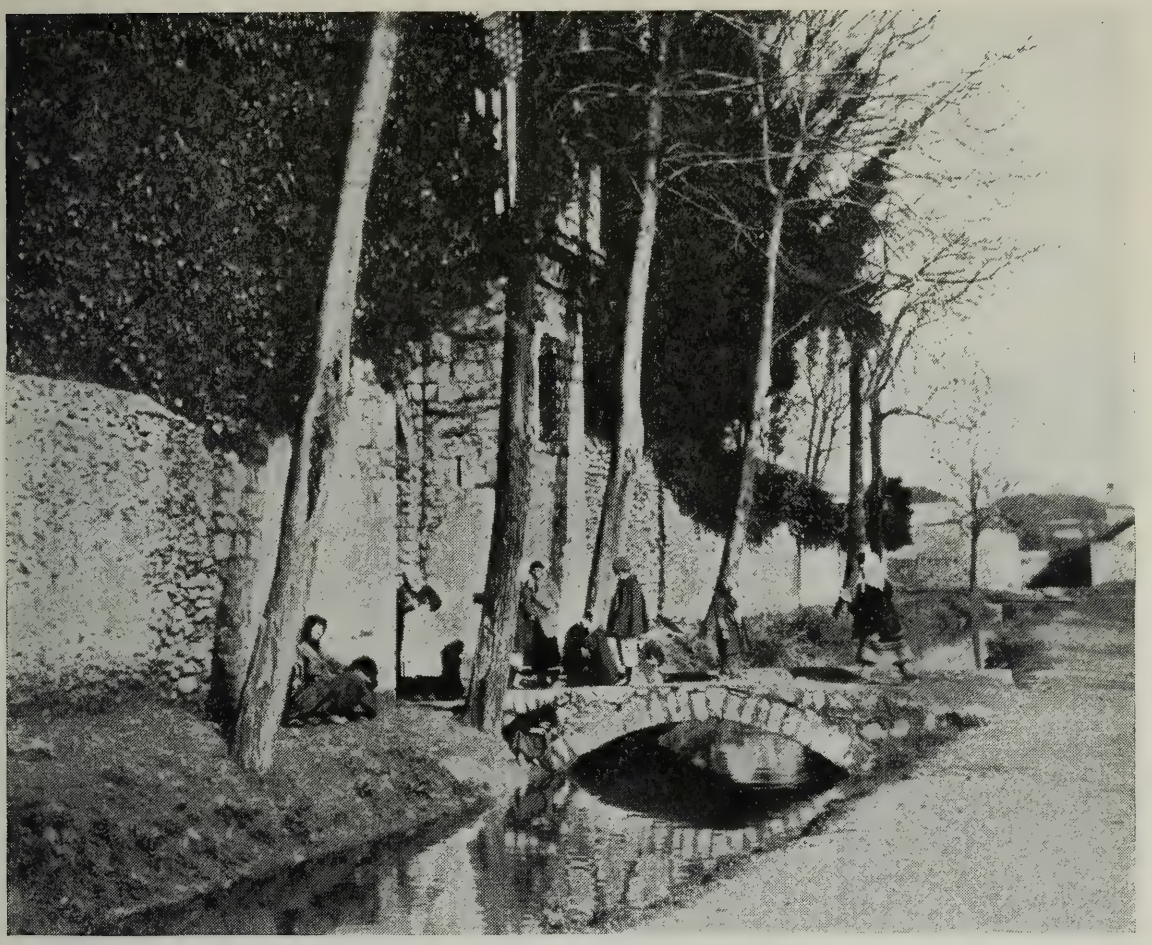
welfare of all nations and for the guaranteeing of international justice and peace." So a world perspective was given to the Junior Red Cross movement.

The program of the Junior Red Cross in Europe may be described as constructive educational work built on a strong health foundation. It is on an inspection tour of this foundation that I wish to take you in this article.

We will start with Scutari, Albania—that much fought-over city on the border of Montenegro and old Serbia. When I visited Scutari in the winter of 1921, I found a school established by the Junior Red Cross in a castle-like building, the former hunting lodge of an English gentleman. A high wall, as is the custom in Mohammedan Scutari, shut the school off from the street. As attractive as was this Junior Red Cross post and as glad as I was to see the Stars and Stripes flying from its "ramparts", still I must own that the chief interest in the picture for me centered in the groups of women who stood so patiently outside the gate seeking to have their children admitted to the school. "Where do these pitiful looking people come from?" I asked. "Refugees from the mountain tribes," was the answer. "Most of them have been driven from their mountain homes by guerrilla warfare. The barracks, sheds, stalls, and streets of the city are full of them; they have no bedding, and no change of clothing. They are infested with vermin. The established schools of Scutari—Mohammedan and Christian—refuse to admit the children of these people on the ground that they would bring disease to the regular pupils. So the poor creatures roam the streets, daily getting into a worse condition."

"We must," the Junior Director said, "make these children clean, normal and healthy so that any school will be glad to take them in. I have found the sickly child to be the stupid one, the stupid child the dirty one, and the dirty child the one who lived under handicaps morally and physically that helped to make him sickly. We can tell him to be clean but he won't understand because he isn't healthy enough. So we must work with extra rations to make him capable of understanding and strong enough to make the fight that cleanliness means in this country."

The Junior Red Cross therefore opened a school in which health was taught the children before they were initiated into the mysteries of reading, writing and arithmetic. At this school a good nourishing lunch was served each day and special examinations in cleanliness were weekly events. A louse discovered was a greater disgrace than a failure in spelling. Having been taught cleanliness the children were expected to live up to it. Weekly baths, clean hands, clean nails were required. To strengthen and follow up the health lessons a Red



Waiting for Admission to the School

Cross nurse visited the homes of the pupils.

"My uncle came down from the mountains, yesterday to pay us a visit," said a little girl in our visit to one of the class rooms. "But mother told him he could not stop with us until he had bathed and washed all of his clothes."

"Anointing infected heads, destroying crawling things, healing and dealing out drugs are all useless acts unless the homes where the children live, and their mothers, fathers, brothers and sisters are brought to such a condition of decency that the child will not become reinfected twelve hours after he has been cured. If you don't establish the 'why' and the 'how', your result is only temporary," the Director of the school said in explaining the little girl's story.

Directly upon the close of the war, Miss Alice Masaryk, the daughter of the President of the new Czechoslovakian Republic, went to Herbert Hoover and asked help for the undernourished boys and girls of her own country. Mr. Hoover responded to this petition at once. Food alone could not remedy all the ill effects of war, and Miss Masaryk turned to the Junior American Red Cross, asking what they could do to build up the vitality

of the children. The Junior Red Cross answered by proposing the Health Game based on the rules outlined by the Child Health Organization of America, and the Health Crusade used by the Rockefeller Foundation.

The Game was launched with great success in the schools of four cities.

This is one of the many stories showing its hold on the child—

"I had a great victory, last night," a girl announced in school. "I persuaded my mother to sleep with the windows open."

The teachers of Pilsen incorporated the Health Game in their school curriculum. As the Game progressed enthusiasm mounted everywhere. All who were interested in the health and welfare of children banded themselves together to build a Czechoslovakian Junior Red Cross on the foundation laid by the American Juniors.

The Health Game has been introduced by the Juniors into Jugo-Slavia and promises great success.

In Italy the Game is being played in the eighteen institutions, orphanages, school ships, trade schools, farm schools, and day schools—which the Junior Red Cross is aiding in that country.

In China the Juniors are helping in an active campaign for better health.

Lined up for Inspection in an Active Health Campaign

Playgrounds have also taken with them nation-wide health lessons. In France, Italy and Belgium "playgrounds," in the American sense of the word, were unknown until their introduction by the American Red Cross. The playground work of the Junior Red Cross has had a twofold purpose: first, to demonstrate with the children the value of play, especially team-play, and second, to train the young men and women of these various countries as play directors.

Princess Mary, of Roumania, Welcoming Clinic Babies

Journeying to Roumania we come to the Girls Industrial School in Breaza for orphans of the last war. When the girls leave this school they return to their home villages and start similar schools. The Junior Red Cross has made a contribution to this school and insisted on a strong health and recreation program. In a small peasant house close by the school two American Red Cross nurses have set up a small school of home-making. Here the girls of the Industrial School are taught hygiene and household sanitation. The nurses have started, in connection with this, a child's clinic under a Roumanian doctor. Instruction is given to the mothers on feeding, bathing, and care of their babies. The girls of the Industrial School help in these clinics, thus getting excellent ideas of child hygiene with which to enrich their teachings when they return to their homes.

In Epehy, a small town set in the heart of the war-devastated region of France, an interesting bit of community work is being done by the Junior American Red Cross. An old army barrack is used as the community center for Epehy and four neighboring villages. The need for work among the children of these towns was explained by the Junior representative in these words: "The children are undeveloped by four years of constant mental strain; they are anemic from six years of undernourishment. An educated class of people might realize the danger to the future of these children, but the people here are peasants and accept conditions with the resignation of the peasant class. Though they know the children are not well, it would never occur to them to attempt in any way to improve their health. The mental and physical stimulus that comes from suitable exercise and play is of course absolutely unknown to them." The Junior Red Cross started an informal playground and infirmary, and clubs of all kinds, from knitting to gardening. Slowly but surely in the two years of work, the Junior representatives have had the satisfaction of seeing not only the boys and girls but the parents as well grow stronger physically and mentally.

Last summer the boys and girls had a community garden in Epehy. The children developed and expanded just as the plants did. There is something so friendly about a garden. It brought the people together. The children especially loved to bring their grannies. The parents began to understand the children's need for diversion to counteract the evil effects of the war, and they began to cooperate with the Juniors.

In Warsaw, three splendid things were accomplished by the Junior Red Cross. First, the children were furnished with green vegetables; second, the gardens provided recreation; and third, enthusiasm for Junior Red Cross ideas grew in the hearts of the people so that the Polish Junior Red Cross was created to carry on the work.

There are a myriad other interesting Junior Red Cross posts scattered throughout Europe from which Help, Hope, Health and Happiness are being distributed. There is the Junior Red Cross school home, called "the Magic Palace", in Montenegro, where a hundred boys and girls, rescued from a death by starvation among the barren rocks of that country, have been transformed into strong boys and girls. I should like to tell you of the Trade School, also in Montenegro, where boys, being fitted for various useful occupations, are being taught the gospel of the Red Cross—Health and Right Living. Then there is the Trade School in Tirana, Albania, which is perhaps the most backward of all countries in Europe today, where boys are learning for the first time in hundreds of years,

modern trades which will some day make of this Balkan country a new land. Along with the sound of the hammer and chisel go lessons of health which will also have their influence in the future history of Albania. Hungary and Austria also have their stations of Junior work where help is being given to the children at this, perhaps the most critical period in their lives.

It is safe to say, as you may see for yourself, that the Junior American Red Cross work in Europe, constructive and educational as it is in its scope, is laid on such good sound health foundations that it cannot help but prove a nucleus for a better and more hopeful future—a future in which many of the evil beings of Pandora's Chest will own themselves defeated forever.

Unusual Children

Some Factors of Emotional Disturbance in Their Management

Tom A. Williams, M. D., Washington, D. C.

THE sorrows of childhood are sometimes said, half jestingly, to be more keen and poignant than those of later years. There is in this remark a certain amount of truth. More serious, however, are the troubles which have continued into adult life, the foundations of which have been laid upon the emotional experiences of earlier years, experiences which at the time of their inception have been improperly dealt with or overlooked.

In many of these troublesome psychological states originating in childhood, shame is found to play a large part. Shame in many features is social or moral dread, and psychologically speaking must be treated just as fear. When the moral factor is very strongly present and the physical agitation is decided, the condition is termed anxiety. A great deal has been written about the victims of chronic anxiety or "anxiety neuroses". We hear much of dream interpretations, buried complexes, repressed wishes which we are told to believe must invariably depend upon sex. Actual experience in dealing with the neuroses, however, proves the necessity of a much broader conception concerning their bases. It is to be regretted that very often explanations of cases have been strained, sometimes to a ridiculous degree, in order to fit preconceived theories. In this respect the work of Dr. Boris Sidis, in this country, and of Dr. Pierre Janet and of Professor Dejerene in France are notable exceptions.

Upon the foundation of anxiety are frequently developed scruples and little manias or even tricks of manner, expression and gesture.

The grimaces which children make sometimes have this foundation. They are immediately due to a sensation of discomfort. When this is purely intellectual it gives rise to a feeling of incompleteness or inadequacy to a situation. When focussed upon some particular idea the feeling of inadequacy may give rise to an obsession concerning the difficulty presented. This besetment is always accompanied by a certain morbid dread known as phobia. Various symptoms having the same psychological foundation frequently alternate in the same patient. Such manifestations are termed psychasthenia, a term inclusive of all phases of fear, of which social timorousness or social mortification may be said to be only one.

A trick of manner arising from such a cause may be illustrated in the case of a woman who developed a habit of clutching her cheek with one hand and holding it pinched in her fingers whenever any one addressed her in conversation. This woman had from childhood suffered from a sense of inferiority, her older sister being of a much more aggressive type, very witty, greatly at ease in company and consequently more popular. The younger sister fancied that when they were together comparisons were being made and that she could not measure up to her sister's greater attractions. She grew more and more self-conscious until she was scarcely able to take part in any social activities whatever, especially if her sister were present. Her habit of holding her cheek came from an impulse to cover up her face or to check the rising color.

This case, while entirely curable even at a mature age, could have been prevented by proper education and attention at the right time. The child should have been instructed that personal attraction is not necessarily a matter of comparison with other members of the family, that variety of personality within a household is desirable rather than otherwise. But it was generally accepted that Jane was "different" and "simply made that way," and must therefore be humored in her queerness, whereas a judicious direction by her elders toward the development of independence of thought and action would have transformed her life.

In connection with this case it is interesting to note that the elder sister when starting to talk or relate an anecdote had a curious habit of holding her right foot extended and slightly elevated from the floor, a movement indicative of a more aggressive character. Many such tricks of manner are easily subject to the control of the will when attention is directed to them. However, as much as they may detract from the personality, it is needless to say that by no means all of them are of sufficient importance to be pronounced morbid.

The very serious extent to which scruples and little manias may be

developed is shown in the following examples:

Multiple Manias. A boy, aged fourteen years, was not doing well at school. He would take hours to dress in the morning, and would go away and dream by the hour. Analysis of the situation showed that his condition was the result of reactions caused when the child was only three and one half years of age. He had been the only child, much petted and loved. When he was two and a half years old a little brother was born, and he was jealous of the newcomer, who immediately became the petted and loved one of the family. He was reproached by his parents. In consequence, he was made to feel hyperconscientious because of his bad behavior, and forthwith developed little "manias" as expiations which led eventually to the more complex symptoms which had developed when I saw him. He felt that he was unreasonably jealous of the little brother and that he must do something to compensate for it—touch wood or put on his clothes slowly or in a particular way. And he had, as a result, built up this elaborate series of habits. He was cured in a few months.

Malady of Scrupulosity. The son of a United States Senator was thirty years of age when seen. His condition had been very serious for a long time. He was cured in less than two years by a gradual education which freed him from extreme dependence upon over-solicitous parents. The young man would take two or three hours to dress in the morning, even when helped. He had lost all initiative, and before performing any act felt compelled to go through numerous trivial expiations.

Manifestations of this kind are not uncommon. The persons subject to them are sometimes mistakenly called neurasthenic, that is, victims of nerve exhaustion in the physical sense. But the condition is usually psychogenetic and always arises from habits of thought and emotion which have been allowed to arise during childhood because the parents have not known of the danger of over-solicitude, excessive sympathy or its contrary, neglect of the child's affections until it falls back upon self pity. A happy medium between too much attention and too little is to be sought.

The effects of over-attention are well shown in the case of a woman of forty who, when invited out for a meal, was unable to eat heartily, indeed often scarcely touched the food before her because of the constant warning she had received in early childhood from a nervous mother against eating food prepared and cooked elsewhere than at home. The bogy of ptomaine poisoning or acute indigestion was held continually before the child. The fear habit was formed and persisted into adult life, even though the admonitions of her mother had passed from her mind.

In another case a boy was kept constantly by his mother's side, indeed scarcely allowed out of her sight, so that he was inevitably dubbed "Sissy" by his playmates. With this tag fastened upon him in childhood he was unable to escape it later, however much he tried to counteract it by his behavior. As he grew to manhood he came to believe that its sinister influence would crop up wherever he went so after several unfortunate attempts

to make friends in a new community he gave up trying any further, withdrew within himself and settled down to a lonely and morbid existence.

An unusually pitiful case is that of a woman of sixty, recently admitted to one of our state hospitals for the insane. She was the only child of a father who held his wife and daughter virtually prisoners in their home for many years, allowing them to meet only a very few intellectual friends of his choice. The mother, not having spirit enough to rebel, became neurotic under this treatment, one of her pet whims being a fear of contagious diseases. This fear transmitted to her daughter, developed into an extreme case of what is known as a cleanliness obsession. Had modern psychotherapeutic aid been available at an earlier age the ruinous effects of her childhood education would have been counteracted.

Rigid insistence upon discipline and routine is a fertile source of psychasthenia. In the United States it has not often been severe, but in Germany many hundreds of children have been so psychasthenic that they have committed suicide because unable to endure the stress of existence. Over-insistence upon religious tenets, more especially when these have a basis of asceticism, has produced a great deal of this malady of scruple. This again is less abundant in the United States than in countries where the church has greater authority. There are instances when even the moral training of a child necessary to inculcate principles of truth and honor may be overdone, as in the case of a little girl who, when discovered in a prevarication, was told the story of Ananias and Sapphira and that they were struck dead for telling a lie. This so preyed upon the imagination of the child that her suffering became intense, not only because of her past sins of like nature, but thereafter she became so overscrupulous that she was unable to make the slightest mis-statement or exaggeration without bringing the matter up later for correction, even though the occasion was so trivial it made her seem quite ridiculous.

The greatest wisdom is needed in dealing with a child possessed of a vivid imagination or inclined to be introspective. If the right sort of confidant can be found outside of the home circle it is sometimes advisable, for even if a child has sufficient intelligence to crystallize in words within himself his fancies and foibles it may frequently happen that he does not easily become articulate with those whom he sees every day and who he thinks may not understand or may perhaps regard his fancies with ridicule.

Especially unfortunate are children who, from any cause, are kept from close companionship with other children, that is, an only child, a child in a family which thinks itself better than its neighbors, a delicate or much refined or

unusual type of child who is too sensitive to the jibes and cruelties of youngsters. All these tend to lack the companionship which would neutralize the morbid influences at home.

It should be kept in mind always that physical disorders themselves may give rise to timorousness and scruples which make of life a psychasthenic thing. But in all probability it is a process of psychic hardening that is needed. Just as the bones and muscles become strong by arduous exercise in childhood and early youth, so does the psyche become resistant to the "slings and arrows of outrageous fortune" by practice against them during childhood, the formative period. It is a crime against a child not to give him practice in self mastery against rebuffs, snubs, slights, and discouragement, for if he encounters them for the first time when mature, the struggle against his feeling of injury will require enormous energy and seriously interfere with both happiness and efficiency; whereas a child soon rebounds against the insults, without undue melancholy provided that the education is begun very young.

A matter which causes distress of mind to some young people, more especially girls, is shame of sex or shame of the bodily functions. Half-truths, or truth wrongly presented concerning the mysteries of life, bring a shock of disillusionment which would have been avoided had education been conducted with respect to their own physiology at the proper time, that is to say, when they were old enough to make inquiries concerning what had been observed. Instead of that, the barbarous idea of the shamefulness of a normal function is inculcated, implicitly at least; and the consequence is a large number of what have been called sexual neurasthenics who are often too ashamed even to consult a doctor. Hence they often ask advice of advertising charlatans, who only add to their horror and then exploit them for gain.

Shyness or social timorousness finds a powerful antidote in games, for these encourage the free play of the inclinations and initiative in dealing with persons on an equal footing. The timid child is often thus surprised into dealing with the situation just as anyone else does. Therefore he gains confidence in his capacity and finds encouragement to try something else which his diffidence has prevented hitherto. A contrast in treatment is shown in the case of two little girls living in the same neighborhood, both inclined to be diffident because they were much overgrown and of a gangling and awkward build. One child was continually reminded by the members of her family that she was too big to engage in certain games and occupations in which her smaller playmates participated. Her awkwardness was considered a family joke which the child was expected to tolerate good naturedly.

She grew up believing that she was destined always to be a laughing stock as far as gait and posture were concerned, and therefore never undertook to swim, ride, play tennis, skate or dance, or disport herself in any way among others. Not only did she miss a great deal of pleasure, but her physical development was hindered and the self-consciousness thus fostered had a marked effect upon her character.

The other child was given contrary suggestions of superior physique. The word "awkward" was never mentioned. She was given lessons in aesthetic dancing in which she became expert and, although nearly six feet tall, at the age of sixteen she was noted for her physical poise and grace.

For the timorous child, social intercourse should be shorn as much as possible of conventional restrictions. Americans, especially in the west, can scarcely realize to what a degree conventionality and artificial class distinction has interfered with social life and the integration of corporate activity in monarchical countries.

To protect a thoughtful child from being victimized by social shame, which he would allow to eat his heart out rather than divulge, a good method is to explain to him the idea of social solidarity and his own place in the human cosmos, so that when treated rudely or superciliously he will understand that he need feel no embarrassment, nor resentment, that such treatment merely indicates a lack of good breeding on the part of the other person. For the child who is timorous and self-conscious without such reason, it is well to suggest how small is his own place in the universe and that he is giving undue importance to himself and to what others are thinking of him.

That child is fortunate whose elders have sufficient imagination to look out upon the world from the child's point of view, to get the child's impressions, and yet be able from a larger experience to interpret these impressions in a way that will help him to react normally to whatever circumstances may arise, and to teach him to maintain that sense of proportion which will insure a body and mind well functioned as he grows to maturity.

Parents cannot be too often reminded that it is from the little beginnings that great troubles grow.

But it should be kept in mind that parental watchfulness includes, somewhat paradoxically, a generous amount of "wholesome neglect" or letting alone. Nor should we forget that we as elders are not the owners but merely the custodians of the child, that it is not to be expected that he be patterned in the exact image of his predecessors. Rather must he develop an individuality and personality peculiarly his own, and in the process of that development we should do our part to prevent wrong ideas and wrong ways of thinking from subverting his normality.

Diphtheria Prevention Work

Abraham Zingher, M. D.

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THE control of diphtheria is a subject of great interest to every physician and health officer engaged in the prevention and cure of disease. It is of even greater importance to parents responsible for the present and future physical welfare of their children. Great forward strides have been made since 1895 in the treatment of diphtheria. By means of the ordinary antitoxin introduced in that year the mortality from this disease has been reduced from fifty or sixty per cent down to ten per cent, but the annual number of cases of diphtheria has remained practically unchanged during the past ten years. There has been even a startling increase in the number reported during the past two years. In the United States the average yearly number of cases of diphtheria from 1913 to 1920 was 132,000. In 1920 there were 149,600 cases of diphtheria, and in 1921 there were 209,000 cases. Diphtheria thus still presents a very formidable problem, the elimination of which requires our best efforts. Fortunately we have within our hands at the present time the means by which this can be accomplished.

Among the more modern methods for the control and eradication of diphtheria we have, first, the Schick test, and second, active immunization with diphtheria toxin-antitoxin. These measures have been elaborated during the past eight years and now there is a definite amount of information available which shows their great value. With each succeeding year the confidence of those engaged in this work has grown, until today many believe that the ultimate control of diphtheria is only a matter of time. It will require, however, a thorough application of these newer preventive measures to achieve the much desired result.

The very successful results obtained by Doctor Park and the writer, and by other workers with the Schick test, and the active immunization of large numbers of children with diphtheria toxin-antitoxin have stimulated the Department of Health of New York City to begin an active campaign in diphtheria prevention work in the public and parochial schools of this city. Permission was obtained from the Department of Education to carry out the Schick test and the necessary active immunization in the various public schools.

Through the co-operation of the Manhattan Chapter of the American Red Cross we obtained the financial aid necessary to start this work on a more extensive scale in the spring of 1921. Since then we

have been assisted by special appropriations granted by the City of New York for this work.

From February, 1921, to the present time we have applied the Schick test to over 100,000 school children in the Boroughs of Manhattan and the Bronx.

The application of the Schick test is a very simple little procedure and is rapidly carried out. Most of the children say that the test feels like a mosquito bite. In some of the schools of this city we have tested from 2,000 to 2,400 children. By the end of this spring we expect to finish the testing in all the public schools of Manhattan and the Bronx and we shall thus have given an opportunity to every child attending public school in these two boroughs to be tested and immunized. Similar work is being carried out by Doctor Schroeder in the public schools of Brooklyn.

The injections of toxin-antitoxin, three of which are given at weekly intervals to every child that is susceptible to diphtheria, produce a long lasting and probably permanent immunity. This immunity is known as an active immunity and is subsequently shown to have developed by retesting the children at the end of four to six months. Through the application of the Schick test on such large numbers of children in different schools we have been able to make some very interesting and important observations. We have found, for instance, that the children from the homes of the more well-to-do are much more susceptible to diphtheria than those from the homes of the poorer classes of the population who live in closely crowded districts. The difference has been as high as sixty to seventy per cent of susceptible children in the schools located in the better sections of the city as compared with fifteen to twenty-five per cent in the schools located in the poorer sections. Segregation and relative isolation of the first group of children, crowding and repeated exposure to mild infection in the second group explain these results. The application of the Schick test in private schools, in schools located in smaller communities, and schools located in rural sections has shown an even higher percentage of susceptible children.

The racial and the hereditary family factors also seem to have some influence on these results. Some of the highest percentages of positive Schick tests have been found in families of native American stock. Fairly high percentages have also been found among the colored children. On the other hand children of Italian extraction have shown the smallest proportion of susceptible individuals. We have also found that there was a marked tendency for all the children of the same family to show a similar Schick reaction, whether it was positive or negative. Where variations were found in the reaction, the younger children as a rule gave the positive, the older children the negative Schick reactions.

It may be too early to speak of definite results obtained through the extensive work in the schools. It is important, however, to emphasize the fact that in New York City there has been a considerable reduction in the mortality from diphtheria during the past two years, while throughout the country the statistical reports show a definite and even a marked increase. The death rate from diphtheria in New York City has fallen from 22 per 100,000 in 1919, to 20 per 100,000 in 1920, and 16 per 100,000 in 1921. This represents a saving of about four hundred lives from diphtheria in the year 1921 as compared with the year 1919.

The work in the schools accomplished the following important results.

First: It is a well-known fact that the number of cases of diphtheria rapidly rises during the school year and reaches its height about February of each year. It follows therefore that the protection afforded to the children through the diphtheria prevention work in the schools will react to the benefit of their younger brothers and sisters who are still at home, and who are most susceptible to diphtheria.

Second: We have been able to place the information in hundreds of thousands of homes through the school children who bring to their parents' attention the important literature* concerning the new methods of diphtheria prevention.

Third: Having, in this way, given to the parents the necessary information we now propose to emphasize the urgent necessity of immunizing against diphtheria all the younger children from six months to six years of age. Fully eighty to eighty-five per cent of all cases of, and deaths from diphtheria occur in children under the age of five years. It is in fact the foremost fatal disease in children from three to five years of age, and ranks third among the fatal diseases of children from one to three years of age. Only diarrhea and pneumonia precede diphtheria in the mortality tables. The most fatal form of the disease, laryngeal diptheria or diptheritic crop, occurs in these young children. It is for these reasons that we would urge every parent to take advantage of these methods to protect their young children against diphtheria, and would strongly recommend that all children from six months to six years of age should be given the protective injections of toxin-antitoxin, even without their receiving a preliminary Schick test.

Most of the children in this group are so very susceptible to diphtheria and catch the disease so readily that it becomes a matter of great urgency for parents to make certain that their children are definitely protected against diphtheria, just as all children are protected nowadays against smallpox by vaccination.

*The valuable Circular of Information on Diphtheria referred to may be obtained from the Health Department of New York City.

It is not advisable to wait until the disease has actually broken out in the home, in a school or in an institution before resorting to the Schick test and toxin-antitoxin immunization. Preventive measures of this kind are best instituted before danger threatens. "An ounce of prevention in diphtheria is worth many pounds of cure." Sickness and death from diphtheria are not the only dangers in this disease. After recovery from diphtheria many children show seriously damaged hearts, from which they may suffer all their lives.

Hospital Social Service

As an Aid to the Medical Profession in Serving Patients*

Horace Jenks, M. D., Philadelphia

HOW can the work of social service be made most valuable to the medical force so that the patient will reap the benefit? 'Most valuable' is stressed advisedly, because it is certainly a trite axiom in this day that social service and the medical profession are working together jointly for the patient's good. Neither alone can do the work as it should be done for the full benefit of the recipient.

It is perhaps not an idle fact that Cabot in the very first paragraph of his book on Social Work states "that the social assistant should be distinctly recognized as a part of the machinery of that institution." This means that regardless of whether she works with a hospital, school, or factory, the social worker is to be an integral part of the medical job in that institution. This is a very important point. It should be your privilege as Hospital Superintendents to make every one realize that the social worker is part of your medical organization. She is one of the means for diagnosis and treatment. Her energies are to be bent in every possible way to rendering the diagnosis more accessible to the physician, and the proper treatment more accessible to the patient. Her opportunities, coming into the home as she does, as a representative of the hospital and of the physician, are almost boundless.

Most hospital patients, both ward and dispensary, have faith in their doctors, and return to the same hospital year after year. This being so, the social worker, as the representative of the doctor and the hospital, has the open door of friendship wherever she goes. The patient very quickly realizes, especially if she has been fortunate enough to see the social worker in the clinic,

*Read to the Philadelphia Hospital Superintendents' Association, February 24, 1922.

that her object is not to pry idly into family affairs, nor necessarily into financial matters (and this latter should rarely be touched upon at the first visit), but to help to carry out the doctor's orders, or to secure information that may assist the patient. I firmly believe that, at least in children's clinics, and probably in many of the adult medical clinics, the capable social worker should be stationed directly in the clinic during dispensing hours. This is of advantage to all three parties concerned in the clinic:—to the patient because she learns to recognize the social worker and to realize that she is part of the agency that is endeavoring to help; to the physician because he can often indicate a line of information which he would like to have carried out in the patient's home; and to the social worker because she sees the new patients there from the start and learns in a general way their medical troubles and problems which she will have to meet.

We must promptly and forever get away from the idea that the social worker is merely an agency to sit at the admitting desk of the hospital to scrutinize the incoming patients and decide whether the victim shall pay twenty-five or fifty cents. That is undoubtedly an important part of a patient's admission to the hospital, and no one wishes a proper weeding out of the dispensary clientele more than I do, but it is a very, very small part of the social worker's task.

The thought is significant in this connection, that how little such a function of the social service department would carry out the idea suggested by the title of this paper, that is, to be of service to the patient. It was recently stated to me by one of the most prominent pediatricians in the city that the advent of good social service had entirely changed the character of his dispensary work after twenty years without such help. Previously he had lost all track of many patients. He had no knowledge of home conditions, he knew nothing of what elapsed between the visits to the dispensary. You who do not work in the medical or surgical out-patient departments of your hospitals cannot have the knowledge of the value of the trained social worker to one who is plodding the often weary paths of over-crowded dispensaries. In my own field of children's work I can say very frankly that the value of our work to the patients would be cut in half without the assistance of our social workers. Take, for instance, that most important member of humanity—the nursing mother. Carrying the message of the medical department the worker visits the home. She sees not only the mother whom she instructs as to the necessity of cleanliness, the proper care of the breasts, the manner of feeding the baby, and so forth; she also sees the baby, has a chance perhaps to see the infant's stool, and thus she secures information of the

greatest value to the doctor. She sees the other members of the family, and not by any means rarely discovers other illness in the house, possibly tuberculosis. You who, as superintendents, naturally have to do with figures must realize the potential saving that all this may entail. The hygiene of this home may be so improved that others will not become sick and become a burden to your hospital. Patients with what might prove to be serious illnesses are detected early, and the illness may be rendered much less lengthy than it otherwise would have been.

Take the case of the child with what is often diagnosed as a pretuberculous condition. This term, while objectionable, does in a way signify an underweight child who has been exposed to tuberculosis, but in whom as yet we can find no definite evidence of the actual disease. Who else but the social worker can or will take hold of that family problem, for it is a family problem, and swing it to success, see that the child is listed for some sanitarium, or for a nutrition clinic, instruct the parents as to the necessity for care, of the possibility of infecting others, of the proper diet to be given, of the necessity of examining and protecting other members of the household? Who is going to do that? Surely you have neither the time nor the knowledge, nor do we as doctors have the time or the skill—yet this preventive work must be done.

A large proportion of our patients are not merely patients coming to the hospital to be given a pill, or a dose of oil. That type of medical practice was relegated to the background many years ago. Many a patient presents a simple medical problem for the moment, but a very complicated social family problem which must be solved in order to prevent recurrence in that patient, or the subsequent breakdown and illness of other members of the family. The cardiac child, after his stay in the hospital, may need such care from the mother that without some outside assistance she, in her efforts to protect her child from every strain and another breakdown, will herself become so over-tired that she will be a ready victim for disease. It is the same with syphilis. We find a child or adult with syphilitic infection. Do we stop there? We used to, but not now. The social service department cooperates. We bring in every member of the family. We test out and separate the black sheep from the white, and all successful, all working together, we stamp out syphilis in that family and protect succeeding generations. Who is going to take the time to bring all that to pass—not you or I. Who has hold enough on that family to keep them eternally at it until the job is done? It cannot be done by sending out a postcard each week. Someone with sufficient training, and with skill enough, and vision enough to see that whole

family problem must make the plans; someone with energy enough and tact enough to see them carried through.

I beg of you to carry this message to your Boards and to your Directors. The social service work is not entirely an added burden of expense to the hospital. The proper functioning of the well trained social service bureau will eventually tend to a reduction in the amount of sickness in the district served by that hospital, and hence to the production of one of two conditions —either a reduction in the number of patients in the hospital, or an increase in the area served by the hospital. A hospital should, and I believe will, become more and more a center of health education for its neighborhood, and in this important work the social service department will play a very important part. Hospital managers must realize that no longer is hospital work confined within the four walls of the building, and that no longer does it consist of surgical operations, leaving a stranded family with the bread-winner in bed. Nor does it consist merely of giving cod liver oil to the tuberculous, or pills to the syphilitic, with the rest of the family gradually becoming infected so that later they will also be patients of that hospital, and so on in ever widening circles. The economic waste in time and labor and material has been tremendous.

A by no means unusual part of the social service is to assist in every way in rendering the hospital human. Our hospitals must have a more human touch with the patients than many of them have at the present time. The vast majority of those coming to the hospital are under some mental strain and sorrow from the fact that they are ill, or that there is illness in their families. Everything must be done to help them realize that the hospital is a place not only for healing their physical disease, but that it is a haven where they may find assistance during illness for their mental and moral troubles. We must train our nurses to realize this. We must help our interns to make the first contact with the hospital a more human one for many of these patients. We must get away from the habit, which we all have, of referring to our patients, often in their presence, as "cases." It would not be a bad thing if that word were eliminated entirely from hospital vocabularies. We do not have "cases"—we have patients, fellow-beings who come to us for help not only in their physical ills, but each individual needing to be carried along until he is again on his feet and able to do his own share. With the cooperation of the superintendents, the social service, and the medical profession, this can and should be done. We must all work together for this end.

The Rebirth of France

Mademoiselle Chaptal

Directrice Oeuvres d'Hygiene et d'Assistance de Plaisance, Paris, France

IT is not without interest, now and then, to observe certain indications which are manifested by a nation in its struggle for life and for progress.

At the time the Great War was declared, France had begun to show alarming symptoms of depopulation. Her decreasing birth-rate was supposedly due to a lax moral sense. The gigantic upheaval produced by a conflict which lasted for almost five years, bled the country white, and presented an ordeal which seemed beyond human endurance, might have been expected to provoke an even greater depression of moral standards. Indeed, until this year pessimistic predictions of this sort seemed justifiable. But now, from all sides, throughout the land which refused to die, comes an explosion of life which expresses the general determination to resuscitate.

It will no doubt seem natural that the first example should be selected from the population of Paris. Cities are, perhaps, not always what a country can most readily boast of, but they are nevertheless, especially if they are cities of great size, the clearest and the most vital proof of what a nation is itself.

Thus far our observations have been limited to Paris, and it is with profound joy that we can announce in the following figures, a decided change in the family spirit of the Parisian population.

The following table indicates the births and deaths in Paris during the year 1913 as compared to the number of births and deaths in 1920.

Year	Births	Deaths	Percentage Births—Deaths
1913	48,609	44,385	109.4 per cent
1920	55,770	43,057	129.5 per cent

Put in other words, in 1913 the number of deaths equalled 91.3 per cent of the births, while in 1920 the number of deaths was only 77.2 per cent of the births. The proportion of births in relation to the deaths in Paris increased 20.1 per cent in 1920 as compared to the figures for 1913.

It is interesting also to note in studying the number of deaths caused by diarrhea and enteritis among children under one year of age during the same period of 1920, that the proportion is considerably less than that of the relative mortality in 1913.

Moreover, the number of deaths among children placed out of Paris with wet or dry nurses was 15,414 in 1913, (or about 31.6 per cent of all births), and only 10,128 in 1920, (or about 18.1 per cent of all

births). This is a difference of 5,286 children, or a fall from 31.6 per cent in 1913 to 18.1 per cent in 1920.

These facts are all the more interesting when it is remembered that the number of deaths among children so placed away from their mothers is unfortunately always very high.

A parenthesis might be opened here to the honor of the French woman. It is chiefly due to her efforts that children under one year of age have been kept alive, thanks to the organization of numerous children's clinics, which, almost wherever they exist, are due to the private initiative of French women.

If figures are necessary to prove the importance of this effort and of its results, we might give those presented by a private clinic which exercises its influence upon the Quartier de Plaisance in the Fourteenth Arrondissment, a very poor district of Paris having 79,084 inhabitants.

The following table shows the increase in the numbers of babies registered and the relative increase in the number of breast fed babies in this district:

Years	Nursing children registered	Nursed by mothers
1904	168	48
1907	144	95
1910	245	200
1913	268	212
1916	367	312
1919	992	957
1920	891	785

The following description and appreciation of Mademoiselle Chaptal and her work was sent in by Doctor J. H. Mason Knox, Jr., Field Medical Director of the American Red Cross in Europe:

"Mademoiselle Chaptal has been asked to present this short paper to "Mother and Child" because, amid so much that is depressing in the news of post war conditions in Europe, it is refreshing to have this first hand testimony of the increase of the birth rate in France, and particularly because it is a privilege for Americans to know about the work of Mademoiselle Chaptal in the 14th Arrondissment in Paris.

"In 1897 Mademoiselle Chaptal began visiting mothers and children in this crowded part of Paris, inhabited almost exclusively by working people. The great need of the young, inexperienced mothers and their babies in the district became more and more evident to her as she studied the situation and after several years of volunteer visiting, she resolved to devote her life to ministering to this neighborhood. A dispensary for mothers and nursing babies, "L'Assistance Maternelle et Infantile de Plaisance," was started out of her own funds in 1901.

"From the first, the history of the "Oeuvre" has been one of constantly increasing usefulness. Shortly after it started operating the necessity of home visiting was recognized, and nurses were sent from the dispensaries to the homes of the patients, giving instructions

to mothers and helping them to carry out the physician's orders.

"Then followed the organization of a more complete social service investigation before material relief was dispensed. No religious or political considerations were ever permitted to influence the giving of relief, which was done only according to the proven need..

"Shortly afterwards a clinic for expectant mothers was opened. From the beginning the importance of maternal nursing was emphasized. Additional diet was given to nursing mothers and the number of breast fed babies greatly increased.

"This is not all: a large mansion surrounded by extensive grounds, perhaps two acres, was acquired in the center of the Arrondissment and here Mademoiselle Chaptal transferred her residence and became a veritable Mother in Israel to the whole neighborhood. A training school for nurses, "La Maison Ecole d' Infermieres Prives," was opened where an excellent course of nursing was provided for a selected group of young women, who, besides their work in the clinics, had the inestimable privilege of living during their training in the home and under the influence of this devoted woman. Of course the grounds were used for a Jardin d'Infant for babies and for a play ground for the older children so greatly in need of fresh air and sunshine. A day nursery for children of working women was opened, and in many other ways a modern health center for the entire quarter has been evolved. The Oeuvre is now under the presidency of Madame Millerand, wife of the President of the Republic.

"Four years ago, with the cooperation of the Mayor of the Arrondissment, Professor Ferdinand Brunot, the Childrens' Bureau of the American Red Cross interested itself in starting a plan for reaching all the children of the Arrondissment, and founded the "Patronage Franco-American." At that time we learned to know and appreciate the fundamentally important service of Mademoiselle Chaptal, which for years has included all the features of a modern child health program as we understand it in America. A very large proportion of the children of the "quartier plaisance" come under the supervision of her nurses. The results obtained through her instrumentality in the reduction of sickness and death have been remarkable."

Health Teaching in Europe

Edward Stuart

Director Red Cross Motion Picture Bureau

AS a supplement to its own and other child welfare activities the Red Cross, represented by the League of Red Cross Societies, the American Red Cross, the Czechoslovakian Red Cross and the Polish Red Cross, has been actively engaged in establishing the most modern methods of popular health instruction in the newly created states of central Europe.

Early in 1921 the League of Red Cross Societies organized a mobile health unit in Czechoslovakia, which was to be conducted along the lines of the educational work of the Rockefeller Tuberculosis Commission to France, continued as a demonstration for one year and then taken over by the Czechoslovakian Red Cross. This unit had a personnel of six, including a woman in charge, two Czech doctors as lecturers, (one of whom was a woman), an advance agent, a follow-up man and a chauffeur-movie operator, together with a one and one-half ton Fiat truck equipped with projection apparatus, electric light generating plant, health films and pamphlets of various kinds. The films used are American and French, including such pictures as "Our Children," "In the Footsteps of Florence Nightingale," "Jinks," "The Rights of Childhood"* and "Care of the Body", with Czech and German subtitles. The pamphlets are similar to those used in the United States and France but with all illustrations made by Czech artists in order to give local color to the propaganda.

The number of people reached in this way, through lectures, films and printed matter, averaged 20,000 per month, the Unit remaining in each city, town or village long enough to reach all the school children and to hold several large mass meetings. After the departure of the Unit, the follow-up man remains to help the local child welfare agency organize its program.

On the first of January, 1922, the Czechoslovakian Red Cross assumed administrative charge and took financial responsibility for this work, and it is expected that it will increase the number of units to two in the near future, on account of the tremendous popular interest in this kind of work as a Red Cross function.

In October, 1921, the American Red Cross, having already organized a large number of child welfare centers, decided to add this kind of health education to its other activities. It thereupon financed

*For a description of this film see Mother and Child, Vol. III, No. 2, page 84.

a unit similar to the one in Czechoslovakia, using a railroad car instead of a truck. With the Polish Red Cross cooperating, the unit was organized with Polish personnel under the supervision of a representative of the League of Red Cross Societies. This work is actively under way at the present time and it is expected that after the departure of the American Red Cross this year, the Polish Red Cross will take the work over as in the case of Czechoslovakia.

This method of health education which is proving so popular in central Europe has been carried on in France by the Rockefeller Foundation with great success during the past five years, and literally millions of people have been reached. The result is that large sums have been appropriated and donated for the fight against tuberculosis and the number of tuberculosis dispensaries in France has increased from less than ten in 1917 to nearly four hundred in 1922. With the work of this Commission as an example, other countries have undertaken work of the same kind. The Belgian Anti-Tuberculosis League has adopted similar methods, the Swiss Red Cross is carrying on an active health campaign, and the Jugoslav Ministry of Health has appropriated an equivalent of one million French francs annually for health propaganda alone.

The Book of St. Ultan*

A New Venture in Hospital Financing

John Foote, M. D., Washington, D. C.

WE did not remember that the good St. Ultan even existed until this charming "Book" came into our hands. But he was a good saint and a true one, who not only prayed good prayers but also did good works. About the middle of the seventh century, Ultan was made Bishop of Ardbraccan, in Ireland, and not long after, a terrible epidemic known as the yellow plague broke out in the British Isles, causing great suffering and many deaths, and leaving in its wake numerous little orphans, many of them infants.

What to do with these very little "gifts of God" taxed St. Ultan's ingenuity, for there were no nursing bottles in Ireland in that day. But the good Bishop was equal to the emergency. He procured a number of cow's teats, which he filled with milk, and put into the babies' mouths with his own hand —so writes an ancient annalist. "It

* The Book of St. Ultan. A Collection of Pictures and Poems by Irish Art sts and Writers. Published by the Caudle Press, Martin Lester Lt. Dublin, Ireland.

is probably the first mentioned feeding bottle on record" says the Book of St. Ultan, but this is not correct, as may be seen by consulting more recent authorities.[1]

The Book of St. Ultan is interesting not only in itself, but because it is an original idea in hospital financing. It was issued by a Committee of artists and writers of the Dublin group who gave their services without charge, and the publication is sold for the benefit of the New Dublin Hospital for Babies, St. Ultan's Hospital.

This is a hospital conducted by women physicians. An active dispensary service is maintained where instruction in child hygiene is emphasized. Only very ill children are treated in the hospital. We are informed that two wards are open and nine babies are cared for. One nurse is assigned to each three babies and the milk problem is settled by having a place in the garden in which goats are maintained for the hospital needs. The babies are played with and mothered; their cots are taken out in the garden in sunny weather, "and I am told," says one writer in the Book, "that the infants have a joy in the singing of birds, like that of the Irish Saints of old."

Such well known writers as Seumus O'Sullican, Alice Milligan, Alice Stopford Green, and Geraldine Plunkett are among the contributors, while among the dozen or so illustrations are contributions by Jack Yeats, Cecil Salkeld "A. E.", E. F. Solomons, and others of the Dublin School of painters and etchers. While the literary and artistic values of the book are uneven, as witness the decorative effort of Miss Maude Gonne, yet the effect of the whole is charming, and some of the features are striking. "A Carol," with a drawing by Beatrice Elvery, is a fourteenth century Christmas hymn, and both drawing and poem are notable for their exquisite simplicity of expression. As might be expected, poems on children and on child life are prominent. "Three Baby Poems" by Nancy Campbell show real Gaelic individuality, most remarked in the first poem, "Happy the House."

Happy the house
That goes a-tiptoe when the evening comes
And says, "Hush! Hush! he sleeps!"
Happy the house that may not lie too long
Of mornings;
Little cries of laughter or of hunger
Waking it; tiny imperious fingers
Pushing up its eyes.
Happy the house—its heart is beating to the heart of Earth,
The sap of Earth is running in its veins.

It would seem that a publication such as this, so uniquely characteristic of a proud and pride-com-

1 See "The Philosophy of the Nursing Bottle," Mother and Child, Vol. 1, No. 2, August, 1920, John Foote, M. D.

pelling group, and selling for a reasonable price, should find a ready market, especially in view of the nationalistic revival of the Irish people and especially of the people of Dublin.

It may be recalled that the Foundling Hospital of London, founded by Captain Coram, was assisted financially by a group of artists headed by Hogarth, each of whom painted a picture to decorate the hospital walls. People in later years flocked to see these by now famous paintings, and the hospital, by charging an admission fee, reaped a profit. The artists then conceived the idea of establishing a picture exhibition of their own, and from this came the Royal Academy.

Who knows what the new idea in hospital finances exemplified in The Book of St. Ultan, may not accomplish in further encouraging the co-operation of native painters and writers in the newer Ireland that must come after the cessation of an age old strife.

The Magic Medicine

Gene Harrison, R. N.

Red Cross Nurse, Gering, Nebraska

PERHAPS we should not have blamed her. She had never known a mother's care. Found on an ash heap, she grew up "just any way." But according to our creed, she was committing the unpardonable sin, for she refused to nurse her baby.

"He might die," we told her.

"It's no matter. Kids has it too hard. Once they gets on the street, better they was dead."

We talked of duty and of love. To her they were mere words without meaning. She had in all her life been granted no concrete example of either.

About the seventh day, as a nurse was pinning a binder over the swollen, engorged breasts, she stopped and sadly shook her head.

"What's eatin' you" asked the little mother.

"It is so sad," replied the nurse.

The girl mother pricked up her ears. Sorrow? She knew its meaning to the full. "What's sad?" she asked.

"Why, in our nursery is a wee, frail little baby that is dying. The doctors have done all they could. We nurses would gladly give our lives if it would help. But without the help of the Magic Medicine, the babe will surely die."

"Whyn't you give him some?"

"We have none. The medicine is very precious, and only lucky folk can get it."

"Where's it come from?" asked the young mother.

"It is to be found only in the milk

of a mother with a little baby."

She looked at the nurse tentatively for awhile. "S'pose there is any in mine?" she faltered.

"Oh yes, the Magic Medicine is always there!"

"Want some?" hesitatingly. "Y' c'n have it."

With delight, the nurse expressed from the painful breasts several ounces of the life-giving fluid. Each day the breasts were pumped, but the babe was never mentioned again until one morning the nurse burst out happily:

"What do you think? The Magic Medicine has worked. The baby has not lost weight for two days, and the doctor thinks he has a chance to live."

The mother smiled a wan little smile—then sobered. "'S he got anything to live for?"

"Yes indeed! His mother is very ill. We were afraid to tell her. If he had died, there would always have been a big, big ache in her heart. But now she is better too. When they are both well enough, kind friends have found a place for them out in the country where the mother can earn a living for herself and her child."

"Country—what's it like?" There was yearning in her voice.

"Oh," laughed the nurse. "I know the country—broad fields—flowers and grass — birds and brooks — fresh, sweet milk — the country is a wonderful place!"

Three days later the mother asked: "The little kid—how is he?"

"Better! He's gained two whole ounces!"

Then one glad day she asked, hesitatingly, yearningly, if she might see the babe whose life she had saved. They brought him in dressed in a soft white gown. The wee, pink fingers curled warmly round her own.

The mother smiled. Then the nurse, half fearfully, placed the little face to the overflowing breast. The wee babe half opened his eyes, wriggled, nuzzled contentedly, and began taking the proffered food.

The girl-mother watched him wonderingly.

"Yer sure it's my milk saved him?"

"Yes, oh yes! Wee, frail babies cannot live without mother's milk—and even the strong, husky ones do not do so well without. There is no doubt you saved him, the dear little fellow."

A bit longer she gazed yearningly at the babe. Then, tears glistening in her eyes, she asked, fearfully:

"My little kid—where's he? Did he die? Was he soft and warm like this?"

The face of the nurse beamed with a glad light.

"This is your baby, your very, very own."

Bright tears fell, and a smile as if from heaven lit up the mother's face.

"My little child—if we c'n go to the country—'n you don't have to live on the street—thank God you did not die!"

Mother and Child Health Talks

Number 4

Mixed Feeding and Weaning

Clifford G. Grulee, M.D., Chicago

Everyone now knows that mother's milk is the best milk for the baby, and it is most important that the infant receive breast milk even when the amount is low. When the amount of breast milk has become scant the mother should not wean the baby unless either the amount is less than one ounce or the weaning time has come. Instead, the mother should continue to nurse the baby and give, in addition to the insufficient breast milk, what we call a supplemental feeding.

If possible, the amount of breast milk the baby gets at each nursing should be measured by weighing the baby before and after nursing. The difference between the two weights equals the amount the baby obtained. If the baby gets nearly enough it may be better to offer both breasts at each feeding time. This may make up for the insufficient amount of breast milk. If the amount needed is large the mother should supplement the breast. By this is meant giving the baby a bottle of milk after nursing, the amount in the bottle to make up the deficiency of the breast. The best supplementary food is cows' milk diluted with water. This should be boiled for from two to five minutes and cane sugar or a dextrin and malt sugar preparation should be added. The dilution of the milk and the proportions of the sugar to be used should vary with the age and weight of the child, so they cannot be mentioned in detail here.

Care must be taken not to give the bottle first for then the baby will be less likely to take the breast as the latter requires more effort.

Some mothers have the idea that breast milk which is on the decline does not agree with the child. This is rarely the case. It is safe to say that when breast milk does not agree, artificial feeding usually will be difficult. Often the breast milk will agree with the child if the mother does two things. First, cut down the nursing time so that the baby does not strip her breasts. (The strippings are very often too rich in fat for the infant.) Second, make up the insufficiency with the proper mixture of fresh cows' milk, water and sugar. When the baby gets the breast milk which is devoid of the strippings and gets the proper supplement, it will usually cease to spit up and will not have colic and distress from gas.

The best time to wean the baby is at the ninth month. This may be done abruptly or gradually. If the child has never had the bottle and is six months old the abrupt method should be used. The mother simply stops offering the breast and gives the bottle or cup of milk in the proper proportions. The baby may refuse to take the artificial food. If this happens the mother must not force the baby to take the food. She should only offer the food and upon refusal take the bottle away and offer it again at the next feeding time, but not before. This little fight may sometimes last as long as thirty-six hours but the child should not be given the breast, as this means that the mother will have the fight on her hands all over again. She should only give the baby water until it gets hungry enough to take the new food. As a rule little trouble occurs and the baby takes the bottle after a feeding or two.

If the child is used to taking milk or water out of the bottle the gradual method of weaning may be used. This should be started about the eighth month by substituting a bottle for the breast. A week or ten days later two bottles should be given. In this manner the breast feedings are decreased and bottle feedings substituted until the baby is getting nothing but artificial food. Because this is the easiest method it is perhaps well to familiarize the baby with the bottle in the earlier months by giving water by bottle, and by occasionally giving a bottle of milk.

The mother should never wean the baby before the ninth month unless there is a very good reason, such as a severe and serious illness which will affect the breast milk. In no case should she wean without the advice of her doctor.

There is one period at which weaning should not be instituted. This is when the time of weaning comes in the hot months of the year. It is then better to wean the baby a month early, before hot weather sets in, or let the baby go through the summer and wean in the fall after the hot weather. It is dangerous to change the feedings during the summer months and if for any reason this is necessary expert advice should be sought.

It should always be remembered that breast milk is the only ideal baby food, that it is the most easily digested of all infant foods, and that it supplies the baby with substances which increase its resistance to infections in general.

Weaning should always be considered a serious matter and never be instituted unless indicated. Insufficient breast milk must never be considered an indication to wean, but instead an indication that the breast should be supplemented with a simple mixture of cow's milk, water and sugar.

MOTHER AND CHILD

A Magazine Concerned With Their Health

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MAY, 1922

Knowledge—A Social Inheritance.

If Mr. Bryan's tilt against Darwinism accomplished nothing else, we ought to be grateful that it evoked a reply from Dr. Vernon Kellogg, Secretary of the National Research Council. Doctor Kellogg, writing for Science Service, shows definitely that Mr. Bryan misconstrued the attitude of modern science toward the doctrine of evolution. That science creates rather than destroys: that it justifies rather than disintegrates social idealism is the argument, or rather let us say, the thesis of Doctor Kellogg. His ideas have great moment and significance to those who are interested in social education—work such as the propagation of a knowledge of Child Hygiene.

Dr. Kellogg says: "There is one question, however, in connection with the scientific man's fact-story of evolution that may well call for more special consideration and discussion on his part—indeed, on the part of us all—and that is: Does the acceptance of the truth of evolution and of human evolution in particular rob us of our hope and confidence in the high estate of humankind? Because man has been developed by the inevitable workings of the factors that have produced the evolution of the lower-sensed animals and the senseless plants, does that make it necessary to accept man of today and man's future evolution as the sole results of non-human factors and determination? Does the acceptance of evolution rob or release man of today and the future of personal responsibility? If it does, then evolution would spell dismay and utter cynicism and we should all hope against hope for its disproof. We should all want to join Mr. Bryan and the uninformed churchmen—there are many informed ones, thank Providence—in their violent prejudice and bitter words against this soul destroying monster. But the answers to my questions are not Yes, but No. Let me briefly explain why.

"From all the evidence concerning pre-historic man now available to anthropologists in the way of human fossils—and there is much of this evidence—it seems certain that there has been little physical change, due to biological evolution,

The Thirteenth Annual Meeting of the American
ton, D. C., from the 12th to

in human kind during the twenty thousand years or more which have elapsed since the times of Neolithic Man. There was certainly considerable physical change (biological evolution) in man during the much longer period (several hundred thousand years) of Paleolithic Man, but the recovered skeletons and skeletal parts, especially skulls, of man of earliest historic times and the Metal and Neolithic Ages, show no appreciable differences from the skeleton of man of today. Man today has no larger brain than had man of the Cro-Magnon race which lived in Europe at least twenty-five thousand years ago. However, man of today is a creature of immensely more achievement than man of Neolithic time. If, therefore, man of today shows no advance in biological evolution over Neolithic Man, what is the explanation of his better present position? The answer lies in the phrase, social evolution.

"With speech and with writing and printing and education man now is able not only to accumulate knowledge, but to hand it on to succeeding generations for their use and inspiration and as basis for finding new knowledge. It is this power of registration and social inheritance of knowledge that gives man his present power over Nature and himself. And it is by the social evolution made possible by this knowledge and power, an evolution that can be largely controlled by man himself, that man can climb to the highest possible heights of humanness.

"Thus instead of being robbed by evolution of personal responsibility and of hope of steady racial betterment, man is by this very evolution given more and more personal responsibility, and has not only hope but assurance given him that by wise and beneficent use of his knowledge and altruistic emotions he can lift himself and his race to an ever higher spiritual plane. Evolution does not destroy religion; it justifies it."

One has only to read the social history of any nation to see how soundly Doctor Kellogg's argument is grounded. In at least three different periods of the world's history during the past 2,000 years it has been realized that in order to preserve the human race parents and others must be taught, by word and by example, to properly care for their children. The first "baby book" was written eighteen centuries ago. Twenty-three centuries before Hammurabi, the Babylonian King, wrote his Laws. Ptah Hotep, Egyptian pedagogue, extolled the value of education and virtue. But the knowledge of Soranus, and the knowledge of Ptah Hotep, was not passed on and added to in succeeding generations for their writings "passed into darkness and were lost."

It is not unwise knowledge nor false science that has retarded the progress of the race—it is the lack of knowledge.

Child Hygiene Association will be held in Washing-
the 14th of October, 1922

The Day's Work

A DISPENSARY CONDUCTED ON THE APPOINTMENT BASIS

Dr. Ethel C. Dunham, chief of the Children's Clinic at the New Haven Dispensary, has written the following account of the system inaugurated in the Pediatric Department of the Yale University Medical School:

"The clinic for children at the New Haven Dispensary is now in operation on an appointment system such as was first worked out by Doctor Park under the American Red Cross in France, in 1918. At the present time, so far as we know, there is no other dispensary in the United States operating on a similar plan.

"The appointment system clinic is, as the name implies, one in which patients are seen at appointed, prearranged hours, just as in the office of a private physician, the purpose being to give to the patients the most efficient kind of service in a manner which will admit of no carelessness, delay or indifference. There is no reason why a dispensary created for the benefit of those unable to pay a specialist should not be conducted from every point of view to the advantage of its patients. If the dispensary patient paid a fee to the dispensary doctor, as the private patient pays a fee to his physician, all dispensaries would have been operated on the appointment basis long ago.

"Quick and efficient service can only be gained by assigning a definite number of patients at definite intervals to physicians who are on duty throughout the day. The plan requires that appointments must be strictly kept by both physicians and patients, and it also requires courtesy, patience and personal interest on the part of the doctor. The patient must feel that the dispensary physician is his own personal physician, that he will always see this same physician on his return; that the physician has time and interest to hear his story; will give him a careful examination, outline in detail the treatment, and rejoice with him when the illness has been understood and combatted when possible.

"For a children's clinic a staff of physicians specially trained in the diseases of children is necessary, and in New Haven the dispensary patients are seen by the full-time pediatric staff of the Yale Medical School, assisted by several part-time volunteer physicians. Doctor Park and Doctor Powers of the Department of Pediatrics are available for consultations. Each patient is seen on the day specified by the physician at an hour satisfactory to both. The clerk, always on hand for making appointments, gives the patient a card with the hour and date recorded thereon, and records the name of the patient on the phys-

ician's appointment chart. A nurse is on duty from 9 to 5 who takes temperatures and weighs patients, assists in any necessary procedures, does dressings, carries out treatments, and so forth. The social service workers, indispensable in a children's clinic, make the necessary adjustments in the home, or with social, public health or charitable agencies, securing closer cooperation with, and better understanding of, the social and economic status of the patients.

"The record kept for each patient includes the detailed history, the physical examination, impression and treatment, signed by the physician in charge. The diagnosis is filled in by the chief of the clinic. The clerk keeps a name card and a diagnosis card for each patient, while the social service worker keeps the card for the follow-up system.

"The working space includes rooms for the examination of patients, for taking temperatures and weights and for history taking, cubicles for the isolation and examination of contagious cases, and a laboratory and treatment room.

"General practitioners who desire consultations with those specializing in children's diseases are cordially invited to refer to the Children's Clinic those patients whose limited means would otherwise prevent them from securing the benefits of the specialist. All the laboratory and x-ray facilities of the hospital and dispensary are available to the clinic. The physician referring patients will receive a full report with the impression or diagnosis, and the case will be referred back to him if he so desires. The physician is urged to make appointments for his patients, accompanying them himself whenever possible, and sending a note, at least, which will give his story of the case and his point of view, thus insuring a prompt reply from Doctor Dunham.

"The benefits of a full-time appointment system can perhaps be best pointed out by contrasting the new with the old system under which this dispensary was run, and which is the prevailing system in the United States.

"Under the old system, the dispensary was open only in the morning. The patients were all admitted between 9 and 10 and then had to wait for their turn to see the doctor. The disadvantages of this, from the patient's point of view, are obvious. The dispensary mother has numerous duties to perform before she can leave home. Some mothers can not bring their children in the morning, some can not come before 10, and it is a great handicap and waste of time for them to have to wait all morning in the dispensary. Moreover, the children are crowded together and infections are easily passed around in spite of the care taken to obviate this.

"From the point of view of the physician the disadvantages of the old system are also numerous. The

patients are tired and those with them are disgruntled by waiting, thinking of their many duties and the little children left alone at home. The physician works at a disadvantage, feeling constantly the pressure for time, not knowing how many patients he has to see or not knowing how he will see all that are waiting for their turn.

"On the other hand, the advantages of the new system from both points of view are clear. The patient is saved time and the physician can give his undivided and personal attention to the case in hand, can arrange to see the patient again at an hour convenient to them both, or can arrange to have some other physician see the case in consultation.

"The success of this system depends on the cooperation of the patients and those conducting the clinic. Since its adoption here its great advantages and possibilities have become more and more apparent, and nurses, social workers, the families of patients and others who send or bring patients to the clinic have shown a reassuring eagerness to accept the innovation. The clinic is prepared to give the required service, to examine and treat large numbers of patients in a way it is hoped will be satisfactory to all concerned, and from the trial we have made we have every reason to feel that with the help of the public, this system will continue to prove a convenience and a benefit."

N. O. P. H. N. NOTICE

Members of the Child Welfare Section of the National Organization for Public Health Nursing are asked to send in nominations for the following officers: chairman: vice-chairman; two nurse directors (one for a term of two years, one for a term of three years); and two lay directors (one for a two year term, one for a three year term). These nominations should be sent to Miss Clara R. Price, R. N., Chairman of the Nominating Committee, 105 East 22nd Street, New York City. The election will be held at the regular business meeting of the Section in Seattle, June 26 to July 1, 1922.

A HEALTH DAY IN OREGON

Miss Mary P. Billmeyer, R. N., in the Nurses' Bulletin of the Oregon State Bureau of Public Health Nursing and Child Hygiene, describes the activities carried on during "health day" in Multnomah County. "Since very few parents are present in the rural schools when the county nurse makes her inspection," Miss Billmeyer says, "we thought it might clear up a number of points, so frequently misunderstood, to have an actual demonstration of what the nurse does in the rural schools. Children often give parents wrong impressions as to the nurse's technique used in the school room. Then, too, we wanted the parents to see with their own eyes some of the most prevalent defects we find among school children.

"Five children were chosen, each one of whom had one prominent fect. ** The parents gave cordial consent to having their children used as subjects for demonstration. We talked about the causes of the defects, the necessity for their correction the effect delayed corrections might have on the children's health, and so forth. We also discussed the proper well-balanced diet for children, and went over in detail each chore of the Modern Health Crusade. A great deal of enthusiasm was displayed and many questions were asked. A marionette play closed the morning program.

"The first part of the afternoon session, which thirty-five mothers attended, was given over to a talk on prenatal care, followed by a demonstration of how to bathe the baby. Here again, many questions were asked and several points brought up for discussion. Following this, Miss Schreyer, of the State Bureau of Public Health Nursing and Child Hygiene, gave a splendid talk on the pre-school child, covering the subjects of diet, clothing, exercise and mental training."

DIPLOMAS IN HEALTH

Health and nutrition certificates are awarded those Texas children of pre-school age who for four consecutive years have been given physical examinations by local physicians and dentists. The certificates are signed by the local health chairman, and by a representative of the Home Economics Division of the University of Texas. During the four years health records are kept for each child and the public health nurse of the community keeps in touch with the parents in an effort to correct any defects disclosed by the examinations. Examinations are now being held for the third year in about twenty-five towns. (*Houston Chronicle, February* 12, 1922.)

BABY WEEK IN SAN JUAN

Baby Week was observed in San Juan, from January 1 to 7, under the auspices of the United States Children's Bureau, and the Woman's Civic League of San Juan, with the assistance of many prominent citizens. The week opened with Baby Sunday, when there were addresses in the churches, and a band concert in the working class district. Monday was Education Day, and moving pictures on child care and the prevention of blindness were shown in the theaters, with brief talks by representatives of the National Association for the Prevention of Blindness. Tuesday was Fathers' Day. Meetings were held in different parts of the city, where speeches were made on the duties of fathers toward their children. Little Mothers' Day was observed on Wednesday, when moving pictures on child care were shown, and lectures and demonstrations on the care of the baby were given in the schools. School Day on Thursday was marked by a parade of nearly 3,000 children, in which all the

teachers assisted. Friday was Children's Day, and toys were distributed to the little children in various parts of the city. The week ended with a Mothers' Day, when the mothers were invited to bring their children for physical examinations to some of the schools and to booths erected for the purpose in different parts of the city. "This week will never be forgotten and will bring new hope and new life to the children of Porto Rico." (*El Mundo, Porto Rican Daily.*)

Urgent requests have been received from Hawaii and Porto Rico for inclusion in the benefits of the Sheppard-Towner act which, as passed, applies only to the States. The Assistant Commissioner of Health for Porto Rico points out that the infant mortality rate for that island for 1919 was over 170, or more than twice as great as that of the United States Birth Registration Area.

MENTAL ILL HEALTH AND DELINQUENCY

The National Committee for Mental Hygiene, through its recent special gift from the Commonwealth Fund, has been enabled to establish a new department which will be known as the Division on the Prevention of Delinquency. One of the activities of the division will be to furnish, free or on a cost-sharing basis, psychiatric service to a limited number of juvenile courts throughout the country which may request it. A demonstration clinic staffed by a psychiatrist, a psychologist, and a psychiatric social worker will be assigned to each court to which it is possible to render such aid. The selection of courts will depend largely upon the interest shown and the prospects for the establishment of a permanent clinic at the expense of the community.

Another aspect of the work of this division will be to undertake inquiries covering a period of several years dealing with the problem of delinquency in special population groups. The first study of this sort will be made in Monmouth, New Jersey, where an extraordinary opportunity presents itself to study the school children of a county. The work will be conducted in cooperation with a general program for child welfare, health, and education, and thus the practical work of treatment and prevention can be combined with medical and social research. V. V. Anderson, M. D., the Director of the new division, will be in immediate charge of work, assisted by an advisory committee. (*Mental Hygiene, January,* 1922.)

In Minnesota a central research bureau in mental deficiency has been established by the State Board of Control. The functions of this bureau will be to make all examinations in mental deficiency called for in the commitment of patients to the several institutions, and to conduct a free mental clinic in the St. Paul office, and such other clinics

in the State as circumstances and means may permit. It will endeavor to make any other investigations concerning mental deficiency that may aid the State Board in the management of its institutions. The staff of the Bureau consists of the former staff of the research department of the Minnesota School for the Feeble-minded, the latter department being discontinued. (*Journal of Delinquency, November,* 1922.)

CARE OF TEETH CONTEST.

An essay contest on the care of teeth, open to public school children of the fifth to the eighth grades, inclusive, has been announced by the Oregon State Board of Dental Examiners, with the approval of the Department of Education. Prizes aggregating about $1,500 have been offered. (*Portland Oregonian, January* 17, 1922.)

CARE OF CRIPPLED CHILDREN

The administrative board of Michigan has authorized the superintendent of public instruction and the State health commissioner to cooperate with the University of Michigan in undertaking to see what can be done in behalf of the crippled children of Michigan. A recent survey made by the State Rotary Clubs indicates that there are about 1,500 such children in the State. A consulting staff of four surgeons has been appointed by the State Health Commissioner to examine and treat the crippled children in the State institutions.

NEGRO HEALTH WEEK

The Eighth Annual Negro Health Week was observed April 2-8, 1922, under the auspices of the Tuskegee Negro Conference and the National Negro Business League, in cooperation with the United States Public Health Service and other agencies.

OHIO PLAN FOR CRIPPLED CHILDREN

Backed by 460 Ohio Rotary Clubs, legislation has been enacted providing first for treatment at State expense of all crippled children, and secondly for the mandatory establishment of special schools and classes for crippled children, the State allowing $300 per child. A centralized hospital was first established, but when it was found that all the children treated came from within a radius of only 40 miles, the system was changed and a plan adopted dividing the State into nine districts in each of which hospital care for crippled children should be made available. When possible, the State will subsidize private and general hospitals which come up to certain standards of equipment and personnel for this purpose, instead of erecting special new ones. Follow-up work by trained workers is another feature of the program. It is estimated that there are nearly 12,000 crippled children in Ohio. (*Edgar F. Allen, President of the National Society for Crippled Children, in the Nation's Health, February,* 1922.)

The Foreign Field

Holland

CARE FOR MOTHERS AND BABIES

Child health and welfare work have aroused considerable interest in Holland in recent years and although, up to a short time ago, only private societies supplemented the work of midwives and family physicians, there are now a number of municipal organizations also engaged in this work.

In December, 1913, the Social-Democratic Women's Club forwarded a petition to the Government requesting greater attention on the part of the authorities to work aiming at the reduction of the death rate among infants.

The Amsterdam Society for Infant Nursing has been working since 1914 with regular subsidies from the municipality, and has two consultation offices. If necessary, milk is supplied to nursing mothers. Free courses are given every year to mothers and prospective mothers, and the practical result has been that a great many more mothers than formerly now nurse their babies, and the death rate has been considerably reduced. In 1918, 816 babies were under supervision in Amsterdam, of whom 763 were breast-fed.

In July, 1921, the Amsterdam City Council decided to establish a municipal welfare office for infants, under the supervision of the municipal medical service. Conditions will be improved by establishing consultation offices for infants in various parts of the city and opening mothercraft courses; by establishing milk kitchens; by giving financial support to private societies and institutions; and by proper supervision of foster parents. The personnel of this service consists of the doctor, the baby nurse, the nurse for social work, the midwife, and the child welfare worker. Births in each district are reported to the consultation office in that district, but permission to care for nursing babies is only given in case the foster parents submit to the control of the so-called "municipal Service for infants." This service, however, limits its activities to the special instances where help is actually required. Various other societies and institutions take care of healthy infants.

Generally speaking, all these organizations and societies aim at taking care of the needs of mothers and the protection of infants by the following methods: mothercraft courses; information offices; milk stations; recommendation of breast feeding; rest for the mother before and after childbirth; financial support; supply of milk and food; establishing homes for the illegitimate child and its mother, where both may remain as long as necessary, and during which time the woman receives instruction in her duties

as mother. Work is secured for the mother to enable her to support herself and child after leaving the home.

In the official regulations referring to the legal position of civil servants in the province of North Holland it is laid down that female employees in a condition of pregnancy are entitled to three months' vacation with pay and an extra payment of a certain sum. This applies to married as well as to unmarried mothers. (*Child Health News, January and February,* 1922)

England

FOUNDLING HOSPITAL TO BE MOVED

The old Foundling Hospital in London, made famous by Dickens and other noted writers and artists, and by the singing of the children in its Chapel, is soon to be moved from the present site in Central London to a less expensive location. (*London Telegram, February* 3, 1922.)

KEEPING WELL

"Dr. W. Allen Daley, M. O. H., notes with satisfaction that at Blackburn, although it is still unusual for babies to be brought to the infant consultations who are believed by their mothers to be perfectly healthy, it is slowly being realized that the object of an infant consultation is to keep healthy babies healthy and not to cure sick ones. 'It is gratifying,' says Doctor Daley, 'that this idea of associating doctors with keeping people healthy as well as curing the sick is at last, so far as child welfare is concerned, bearing a little fruit. Fortunately many of the disabilities of babyhood can be remedied by attention to the mode and frequency of feeding. Whenever a child, however, is suffering from a definite disease, the mother is requested to secure private medical advice, and in this way, because of the infant consultations, many ailments receive professional attention and are cured, in contra-distinction to the methods formerly adopted by many parents of using domestic remedies and waiting until the child was at death's door before summoning a doctor.'" (*The Medical Officer, October* 15, 1921.)

MILK GRANT TO CONTINUE

The Ministry of Health has announced its decision to continue during the next financial year the practice of making grants in aid of maternity and child welfare work to the extent of fifty per cent of approved expenditure. This decision replaces an earlier announcement that the grant would be greatly reduced. So far as the provision of milk for necessitous mothers and children is concerned, however, Circular 185 is still to hold good. This Circular somewhat curtailed the earlier powers of maternity and child welfare committees. It provides for the assistance of children up to three years of age, and, in case of a medical certificate, up to five years of age. It also provides

for the assistance of nursing mothers and of expectant mothers. It is understood, further, that certain authorities whose expenditures in these directions have been considered unduly high will be asked to reconsider their estimates before any grant is allocated. (*National Health, March,* 1922.)

New Zealand

MATERNAL MORTALITY

According to a recent statistical report of the comparative rates of maternal mortality in different countries, New Zealand is second highest in the list: and this, in spite of its splendid achievements in the reduction of infant mortality. This high death rate has led the Board of Health to appoint a committee to consider the question of maternal mortality there. This committee states that during the first quinquennial period the average annual maternal mortality has been 157 deaths, of which 57 were due to sepsis. The factors which lead to sepsis in this country are put down under three main heads: First, abnormal virulence of organisms and diminished resistance of individuals due possibly to conditions during and subsequent to the war period. Lack of domestic help and the fact of housing difficulties may well be factors contributing to diminished resistance. It is also shown that there is an abnormally high death rate due to septic conditions following on attempts to procure abortion. Second, abnormal surroundings; some private houses and, moreover, some private maternity hospitals are not free from conditions which lead to septicaemia and allied troubles. Third, an unduly large use of instruments and other operative measures at confinements, the use of which is urged by patients and their friends. A reduction in instrumental delivery is urgently necessary. The committee recommended a thorough investigation of every case of maternal mortality, the compulsory return by all maternity hospitals of mortality rates, post-graduate courses for midwives, a stricter inspection of private maternity hospitals, the establishment of antenatal clinics, and so forth. (*Nursing Notes and Midwives Chronicle, March,* 1922.)

Canada

PROTECTION FOR WORKING MOTHERS

The Maternity Protection Act of British Columbia forbids the employment of any woman in any industrial or commercial undertaking during the six weeks following her confinement and permits her on production of the necessary medical certificate to leave her work six weeks previous to the probable date of confinement. Employers are forbidden to dismiss employees so absenting themselves from work. (*Labour Gazette, February,* 1922.)

France

IGNORANCE AND INFANT MORTALITY

In the preface to "La Culture de L'Enfant" by Doctor Armand-Delille and Doctor Barbarin, Professor Leon Bernard has written that "If to the deaths from violence or disease are added the missing as well as the number of the unborn which is represented by the falling off of the birth-rate, Doctor Merlin computes that three and a half million souls were lost to France in the War. There is therefore at the present time no more anxious or urgent problem than that of our country demography."

Professor Bernard then goes on to say that "in a country of low natality, lower than anywhere else, of high mortality, higher than anywhere else—it is, alas, of France that I write—to see the infantile mortality rising even to 50 or 80 per cent in certain poor law communities, without the national conscience crying out against such a menace, is nothing less than a scandal.

"'Moreover, it cannot be too often repeated that infantile mortality is simply the result of ignorance. It is essentially dependent on three evils: tuberculosis, syphilis and errors of nutrition.

"We know today that the child born of tuberculous parents is at birth a healthy child, absolutely free from the disease. If he is removed from the focus of infection, which in nearly every case is the home, he will be rescued from contamination. If this separation, whose efficacity is beyond dispute, is seldom carried into effect, ignorance alone is to blame.

"In the case of syphilis, the disease, is on the contrary, transmitted to the child from its parents. But if the latter are aware of the danger which threatens their offspring, if being aware of this peril the pregnant woman goes to consult a doctor, and the latter recognizing syphilis treats in time first the mother and then the child, hereditary syphilis will become a thing of the past.

"As for errors in nutrition, the very description shows that for these, too, ignorance alone is to blame. The value of breast feeding was extolled by Aulus Gallius whose opinion has since been confirmed by abundant scientific evidence, yet too often it is prevented by economic difficulties which wise and patriotic legislation might have overcome long ago. But bottle-feeding, to which, through the careless guardianship of the State, so many mothers have been reduced, need not be so murderous if good milk and the knowledge of how to use it were widely distributed among those women who hold in their devoted but unskilled hands the future of our race. To the incapacity of their rulers is due the inexperience of the people. Let those of us who are doctors reveal to the eyes of both the vices which daily disintegrate our society and lead it down towards death.

"Thus for example, puericulture, the care of the child, seems to us to be no less than a patriotic necessity. In the antenatal period it makes for a healthy generation; applied in infancy, it reduces infantile mortality; extended to growing children it ensures the harmonious development of their vitality—physical, intellectual and moral.

"Clearly among children, health education should yield its richest harvest of results. But there is one essential condition. His lessons must be object lessons; hygiene must be taught by example and not by precept. Who is to undertake this education? To our thinking it must be the care of all those who share the responsibility of the child's upbringing: parents, teachers and doctors. And in this collaboration of goodwill consecrated to the health of the child, a place must in future be reserved for the public health nurse. She is the doctor's assistant, the family advisor, the liaison officer between parents and school teachers. She should be charged with the carrying into effect of all the necessary prophylactic measures as well as with the inspiration of his health education through every stage of the child's development."

PHYSICAL TRAINING IN SCHOOLS

A reform of the curriculum of the intermediate schools in France is now being considered by the Superior Council of Public Instruction. The French Academy of Medicine is preparing recommendations to present to the Council in regard to health instruction. In November two reports were presented to the Academy showing the prevalence of overwork and mental strain among French children and the lack of physical exercise. As a result of this report, a committee was appointed by the Academy to draw up plans for physical training in intermediate schools. In January other reports were presented, showing the need for the extension of the proposed reforms to the special schools for girls and for boys. (*Bulletin de l'Academie de Medicine, November 22,* 1921, *and January* 17 *and* 31, 1922.)

MATERNITY HOMES

A recent bill introduced in the Chamber of Deputies would require every department of France to establish a home for nursing mothers in connection with the maternity hospital of the department. The homes proposed would be open to women without means whose babies are breast fed, and they would be permitted to remain there as long as their own health or that of their infants requires. The women would receive a daily allowance in addition to any other maternity benefits to which they might be entitled. The expense of building and maintaining the homes would be met partly by the State and partly by the department. (*Chambre des Deputies, Document,* 1921, *p.* 2038.)

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New Headquarters

of the American Child Hygiene Association,

17th and F Streets, Washington, D. C.

L. C. Handy

THE new headquarters of the American Child Hygiene Association are in this building on 17th and F Streets, Washington, D. C.

In the quaint directory of Washington for 1827, the house is listed as the home of General Towson, of the War of 1812, later Paymaster-General of the Army. He built the house about 1825 and lived in it until his death in 1854.

When General Grant came to Washington in 1865 there were no suitable offices available for him in the old War Department, so the Headquarters of the Armies of the United States were established in the Towson house across 17th Street. It was from here that General Grant went to the White House in 1869.

From 1892 to 1897 the building was the home of Clara Barton and the second Headquarters of the American Red Cross, and from 1898 until late in 1921 it was used by the Depot Quartermaster.

MOTHER AND CHILD

A Magazine Concerned With Their Health

VOL. III JUNE, 1922 No. 6

A RURAL HEALTH JOB WELL DONE

HOMER NORTHUP CALVER

WHEN a full time county health officer was appointed three years ago for a certain southern county, he found his health department existing only on paper. He asked for office space, and an unused attic in the county court house, full of the accumulation of many years, was assigned to him. With the energy of the true pioneer, he cleared out the refuse, installed gas and water pipes, and set up partitions. Now he has an office, a laboratory, an office for the nurse, and rooms for the dental clinic. The energy and ingenuity with which the physical headquarters of this health department were constructed are an indication of the manner in which a complete health service for a rural county has been developed out of nothing.

A considerable portion of the efforts of this health department is devoted to health work in the schools. This work has not merely been superimposed upon the rest of the educational system, but, on the contrary, has been woven into the school work in such a fashion that it is carried on as an integral part of the system. The teachers grade pupils on personal hygiene on their monthly report cards by a system of marking similar to that used for other studies. Furthermore, the school children are organized as the Junior Health Department of the County Health Department. The Chief Health Officer is a pupil appointed by the principal to serve for four months, and each week in every class-room two Junior Health Officers, a boy and a girl, are elected by their class-mates.

In each room there is a "Keep Well Corner." Here various health material is posted, such as health rules, class-room weight records, the oath of allegiance to health, the health slogan—of which there is one for each school—the health challenge banner, posters and other exhibition material. Here also are posted the names of the Federal, State and County health officers, the chief health officer of the school and the two class health officers.

The two Junior Health Officers mark their classmates every day on their observance of health habits, and the side with the winning score at the end of the week has the privilege of displaying its health challenge poster in the "Keep Well Corner" during the following week. A five-minute debate is then held between the Junior boy

In this One-Room School the Junior Health Officers Are Looking for Clean Fingernails.

and girl Health Officers, each defending the score of their respective groups. This system is by no means a mere drab, routine matter. Keen rivalry results, scores often being reported with such exactness as, perhaps, five and twenty-nine seventy-fifths for the girls and five and fourteen thirty-ninths for the boys. In one class, a boy who was displeased at the continual winning of the girls, took six baths in one week, loaning them out to the other boys in order to bring up the total score of the boys. Naturally the girls objected to this unfair procedure, and the County Health Officer had to be called in as referee.

Each week the Junior Health Officers, in company with the Chief Health Officer, makes an inspection of the whole building and grounds, and of each classroom. They then vote to determine which is the best room in the school, and that room has the privilege of displaying the school health banner for the ensuing week. It is to be noted that there are group rewards alone. Individual excellence is recognized only as it raises the standard of the whole, and it is to the interest of the group that each of its members does his or her share toward its advancement. In one school the pupils in one room did not play the Health Game, so the Junior Health Officers and the Chief Health Officer of the school met and declared this room in quarantine. A notice was posted on the door establishing the quarantine and warning all children who were interested in play-

ing the Health Game to keep away from the pupils in this room. The result was that the quarantined classroom bestirred itself and now maintains the best record in the school.

In addition to his other duties, each Junior Health Officer reports to the Chief Health Officer all births, deaths and cases of sickness that he may know of in the community, and each week the Chief Health Officer of each school sends in to the County Health Officer a summarized report of these facts. These reports have proven of great value to the County Health Officer. By means of them he has been able to check up the official reports received from the midwives and the physicians, particularly of those physicians who are not located in the community. The reports are also of value to the school nurse in locating and following up cases of sickness among the school children.

The first, second and third grades do not have this system of health

THIS HEALTH OFFICER INSISTS ON MAKING THOROUGH PHYSICAL EXAMINATIONS.

officers. These grades are, nevertheless, also a part of the Junior Health Department and so, instead, they play the "Keep Well Rainbow Game" with colored crayons and health pictures.

A physical examination of all school children is made every two years by the County Health Officer, the nurse and the dentist, all working together. The alternate years are then devoted particularly to follow-up work for the correction of defects. Continual supervision of the health of the children is then maintained throughout the year by the teacher, the nurse and the children themselves. A chart is prepared for each schoolroom indicating the defects of each child. This is posted in the "Keep Well Corner" and corrections, as they are made, are noted on it.

A dental clinic has been established by the Health Department, in charge of the full time dentist on its staff. This clinic is always open and children may be excused from school to attend it. An auto is provided for the children in the more remote schools. One distant school served in this manner has a record of one hundred per cent corrections. Also, a portable outfit has been carried from school to school. Incidentally, they do not "pull" teeth in these clinics —they merely "unbutton" them. Saturday is "unbuttoning" day in the health center, when Health Officer, dentist and nurse all pitch in and help. Parents are urged to take their children to their family dentist, but the facilities of the health department clinics are available to all, and a fixed charge is made of one dollar and a half a year for each child using the clinic. This sum entitles the child to have all necessary work done to bring his dental score up to 100 per cent, and each child is followed up until this score is reached.

There are 3,200 school children in this county and during the school year 1920-1921 there were 5,300 dental corrections made for 1,075 children, 455 of these being cared for by the Health Department clinics. Mere quantity of work, however, is not the standard attempted by the clinics. Quality is considered of the first importance.

Plaster casts have been made of the teeth of many of the children. These provide excellent material for lectures on dental care. For instance, a cast in which only one tooth in the upper jaw strikes a tooth in the lower jaw, leaving a quarter of an inch or more between all the rest of the teeth, demonstrates very clearly that this child is not able to carry out the instructions that he chew his food thoroughly. There is nothing remarkable, of course, in the taking of plaster casts to show dental defects. These casts, however, instead of merely enriching some scientist's museum, are taken into the classroom, and are shown in Mothers' Clubs and other gatherings. Two huge models of sets of teeth have been made. In one, the teeth are sound and white, and in the other they are very much discolored.

These models tell their story in one classroom after another in the various schools.

Not only has the health work with school children been developed with remarkable success, but equal progress has been made in the care of children of pre-school age. This has been done principally through baby health stations.

The first one of these was established in a remodeled store on the main street of one of the villages. In order that it might be assured of an existence long enough to prove its worth to the community, the premises were leased for five years. Particular attention has been given to equipping and decorating this in an attractive

PHYSICAL EDUCATION IN THE SCHOOL PLAYGROUND.

manner. Clinics are held here three days a week and notices are displayed on the window giving the clinic hours and the name of the physician on duty in each clinic. In the windows an attractive exhibit has been set up, which is changed weekly, and the health posters on the walls are changed from time to time and kept circulating through the various schools and health stations in the county.

The second baby health station is located in another village, and in order to make more certain that it should become a part of the community life the county supervisors were persuaded to purchase this building outright. Here, too, particular attention has been given to decorations and equipment, with the result that one enters with a distinct feeling of pleasure and leaves reluctantly.

Mothers of all classes bring their children to these health stations for examination and advice and the attendance is steadily increasing. These stations are also used for meetings of Little Mothers' Leagues and for Mothers' Clubs. These latter have been developed throughout the county by the Health Department and are the foundation of popular support on which the work of the Health Department rests. Their organization and development has been a remarkable accomplishment in itself. Practically the whole county has been thus organized into groups of volunteer committees. These individual groups are stimulated to compete with each other and the groups in one locality compete with those in another part of the county. This body of interested volunteers form the backbone of the support of the Health Officer, and the support has been invaluable. When, for instance, preventive clinics were first proposed by the Health Officer, the physicians of the county very much feared that their practice would be undermined and so the Medical Society opposed them. At the insistence of the Mothers' Clubs, however, the support of the physicians was finally obtained to the extent that the physicians are now giving their services in the stations.

Other difficulties have similarly been solved by the mothers of the county. One of the county supervisors from a remote section opposed this health work very strenuously in the beginning. The Health Officer therefore refused to do any work of this kind in his section without his permission. After some time the women of the section heard from the women of the other sections of the excellent work that was being done for their children, and they began to inquire of their county supervisor as to why they were being slighted. The result of this has been that this formerly recalcitrant supervisor is now demanding that the Health Officer establish a baby welfare station in his section of the county also, and has persuaded him to accept a grant of money for the purpose of building and equipping such a station.

Communicable disease control, rural sanitation, the milk supply, and, in fact, all branches of the work of the modern health department, have been carried on with the same thoroughness that marks the work with the children. The work has by no means been all smooth sailing. At the beginning, each of the three county papers opposed the work and refused to give it publicity. Finally, however, arrangements were made to give one paper the exclusive use of the Health Department news and the promise was made that the circulation of the paper would thereby be doubled. This paper, therefore, now has each week a complete "scoop" on the birth and death reports and other news of the Health Department, and its circulation has been trebled. The other papers have recently threatened legal action to obtain this news.

Among other ingenious devices of the Health Officer to sustain interest in health work, and to teach principles of hygiene, is the use of a radio receiving set, with an amplifier. This is set up at various places in the county from time to time, and the health talks sent out by the United States Public Health Service are received and amplified for the large crowd which always collects.

The Health Officer of this county has built his department as the coral animal of the southern seas builds. He has used the material at hand, and has taken the necessary elements from the running stream of modern thought.

COOPERATIVE CHILD NUTRITION SERVICE

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FOR fullest living, with a maximum of efficiency through the longest period of time, mind and spirit must be unhampered by physical infirmities. Nothing contributes more towards a well-rounded life than a good start—being well born and having a happy healthy infancy and childhood. At present too many children are growing up with physical, mental and moral handicaps which could largely be prevented. Plenty of simple, nourishing food, the proper amount of sunshine, rest, and play, and intelligent home discipline would go far to correct these shortcomings.

The University of Washington is making a special effort to arouse public interest in nutrition work and to train nutrition workers. The Cooperative Child Nutrition Service recently established in the Home Economics Department is a unique enterprise in this field which promises to be most successful. Before describing this work it is desirable to discuss briefly some more general aspects of the subject. What should be done to prevent and cure malnutrition, and what is being done?

Preventive measures designed to teach proper health habits to all children should be planned and carried out. There is no organized effort now, in most school systems, either to educate the so-called normal child, especially the boy, in proper health habits, or to teach parents the importance of discipline and a knowledge of the fundamental principles underlying good health.

Curative measures will have to be planned as long as undernourished children are found in our schools and homes. Methods for determining the nutritional state of children must be revised.

Special open air classes should be conducted for all undernourished children, where they get plenty of sunshine, rest and good food. Whenever it is impossible, through poverty, to have suitable food supplied in the home in necessary amounts, provision will have to be made whereby regular meals—not just milk—can be supplied at the school at little or no cost. Where malnutrition has been caused by carelessness, ignorance or indifference on the part of the parents, they should be compelled to feed and care for their children properly. Confectioneries and cheap lunch counters should be abolished in the vicinity of a school, and all school lunches should be examples of proper food for children, whether the lunch is bought at school or brought from home.

What are we really doing for the school child in and outside the school, and for the child of pre-school age?

First, for the school child in the school: Many of our schools are now equipped with scales and all children are weighed and measured at regular intervals. In many localities, milk is given in mid-morning and mid-afternoon to those needing it. In a number of places special classes are held for those who are seven per cent or more underweight, and in some cases these are open air classes.

The leader of these special classes is sometimes the Home Economics teacher. She is probably the best equipped of any one to give instruction in proper food habits and in hygiene. She is in most cases holding these classes outside class hours, and has no time for follow-up work in the homes. She usually lacks experience in working with physicians and in detecting physical defects, and has not the easy access to the home that a nurse possesses. Sometimes the leader of such classes is the School or County Nurse. She has had experience in working with physicians and in follow-up work in homes, but in many cases has inadequate knowledge of the fundamental facts in the modern science of nutrition. When she has such training, she is an ideal person for the work. Sometimes the leader is the physical education instructor. She, like the nurse, is not, as a rule, sufficiently well trained in nutrition, and lacks experience in working with physicians and in doing follow-up work in the homes.

In some schools the lunch room is under the close supervision of the Home Economics Department, but in many cases it is in the hands of commercial caterers who provide the things that yield the greatest profits, not the things that are best for the child and attractive at the same time. With the competition of corner stores removed, the properly supervised school lunch can be a most effective medium for teaching proper food habits. In comparatively few schools is there supervision of lunches brought from home.

Most schools are making some attempt at medical and dental inspec-

tion of school children. There ought to be more careful selection of these inspectors than prevails in most communities and large cities. A physician who is too old or too out-of-date professionally to possess any private practice, is not the one to be given the position of medical inspector of schools. The work may become discredited largely because of the type of man doing it.

Second, for the school child outside the school: Are there any agencies outside the school doing any educational work of this general nature? In many cities and counties, the Anti-Tuberculosis League, Red Cross, Junior Red Cross, Social Welfare League, or similar organizations, are supplementing the work of the schools by conducting nutrition clinics for the undernourished children who are not being reached at school. In Seattle, there are seven such clinics under the auspices of the King County Anti-Tuberculosis League. Besides the special classes for the children, their dietitian does considerable follow-up work in the homes, and occasionally holds demonstrations for mothers.

The nutrition clinic idea is spreading rapidly. In many communities, nutrition clinics are popular fads with wholly untrained people in charge. Such mushroom growth is not to be desired and will in the long run, do the cause more harm than good. Proper management of nutrition clinics means vastly more than some scales and telling children to drink more milk and eat more vegetables. Valuable as such instruction is, parents lose confidence in a person who is trying to tell them what to do, yet cannot give correct information on the Why's. The great value of all this work, properly managed, is an awakening of public interest, which, before long, will result in a demand that this work be taken up in earnest by trained workers.

Third, for the pre-school child: In nearly every city of any size there are health centers where mothers can take their young children for skilled medical advice at little or no cost. Seattle has eight such centers conducted by the City Department of Health in various parts of town. In small towns and rural communities the County or Red Cross Nurse, when properly trained, can and does do an invaluable piece of work for the mother and the pre-school child, as well as for the school child.

Child Health Conferences have done a great deal of good, and the very excellent publications put out now by our Government and by other public and private organizations are of inestimable value, especially to mothers in small towns and rural districts, where the services of pediatricians are not available.

The University of Washington in its general educational work is firmly committed to the policy of providing education in nutrition to its women students. It is probably the only University in the country that requires every girl enrolled to take a course in food and nutrition.

It is part of her physical education requirement in the sophomore year and no girl is excused from it unless she successfully passes one of the regular major courses in dietetics and nutrition given in the Home Economics Department. The course consists of a one-hour lecture each week for three quarters, given by a member of the Home Economics staff. The aim is to give the girls a good practical knowledge of foods. The first quarter's work is a study of the economic side of the question, the production of food, inspection, marketing, and comparative prices. The second quarter's work deals with food in relation to health, as specifically applied to themselves. If not approximately normal in weight, they are required to use every effort to attain normal weight. It is not unusual for girls to gain or lose ten or fifteen pounds in this time. The third quarter deals with infant feeding, feeding of older children, diet for the aged, and diet for some of the common diseases. Many girls have said that they regarded this course as the most valuable one they had in college.

The Department of Home Economics also gives to mothers an extension course in nutrition, consisting of six one-hour lectures. The demand for these classes is constantly growing and the size of the classes is steadily increasing. These mothers are intensely interested in this work, and grocers in their neighborhoods have frequently remarked on the effect the lectures have had on the kind of food they sell afterward.

The University is giving specialized training to future leaders in nutrition work. The University is particularly fortunate, first, in having unusually strong supporting courses in sciences related to nutrition; second, in having excellent laboratory equipment for nutrition work, including a colony of experimental animals for demonstration and research purposes; and third, in the hearty cooperation of physicians, and of business and social agencies interested in health education. The University supports a strong Nursing Department. Part of its students are taking a course including three years University work and two years Hospital training, and part of its students are graduate nurses taking the nine months' Public Health Nursing course. In addition to the regular course in dietetics and nutrition provided for Home Economics majors, a special course is offered to these nurses and to sociology majors. Both courses are comprehensive, practical, and up-to-date. Lecture work and reports on work done by leading scientists in this country and abroad, supplemented by practical laboratory exercises and personal dietary studies*, make up, in general, the plan of work.

After having either of the above major courses, such students may elect an advanced course, "Field Work in Dietetics." This course includes, on the theoretical side, an intensive study and discussion of

*Journal of Home Economics, 13, October 1921, p. 501.

infant feeding, of many topics relating to malnutrition,—its occurrence, causes, methods of detection, prevention, and cure,—and of the work of various organizations in the country that are especially interested in Child Welfare Work.

On the practical side, the work centers around the Cooperative Child Nutrition Service, recently started by the Department of Home Economics, with the assistance of local pediatricians, represented by V. W. Spickard, M.D., and George J. Mohr, M.D. Valuable help in making plans for the Service was given by J. I. Durand, M.D., and by H. L. Moon, M.D., of Seattle. The Service is open every Wednesday from two to five o'clock, the only charge being fifteen cents. Mothers may bring children from infancy to fifteen or sixteen years of age, where the question is one of Nutrition.

The physicians give a medical examination which includes a general estimate of the physical development of the child, the condition of its eyes, ears, nose, throat, mouth, teeth, heart, lungs, chest, abdomen, and skin. If the examination shows the advisability of a urine or blood examination or the necessity for dental work, or operation, or special treatment of any kind, the mother is referred back to her family physician or dentist, or, when requested, names of capable specialists are suggested.

The physicians cooperate with the Department in recommendations as to dietetic treatment. Diet sheets for infants under one year, for children from one year to eighteen months, and from eighteen months to three years of age, have been prepared for issuance to mothers, to expedite the work. In this way, only special suggestions are necessary, and much repetition of general instructions is eliminated. Copies of the weeks' menus used at the Hollywood Fresh Air Farm are given out for use with older children.

Students taking this course are present each Wednesday afternoon at these consultations. They take the history of the case, which includes the family health history, past illnesses of the child, its dietary habits, and its habits of hygiene. The students weigh and measure the children and have each information chart complete by the time the physician is ready to make the examination. They also record the results of the medical examination and the recommendations made.

If a mother brings her child back repeatedly and is carefully following instructions (and most of those so far have been very intelligent and eager to cooperate), home visits are not made. If a child is brought in just once, and any special recommendations were made, a student visits the home to inquire the results, and files the report of her visit with the child's chart. Up to the present writing, it has not been necessary to give any special demonstrations in the homes. The mothers have known how to follow the directions given. The

students are ready to give such help, however, whenever it is advisable.

Students taking this work are getting valuable experience in working with physicians and in visiting homes, thus removing the handicaps ordinarily hindering inexperienced nutrition workers. They are also required to visit orphanages, children's homes, and children's hospitals in and around Seattle, as well as the Health Centers and Nutrition Clinics operated by the Health Department, Anti-Tuberculosis League, and Public Schools.

The students are keenly interested in the Cooperative Child Nutrition Service. There have been some very interesting cases. They have come from all sections of the city, and some from a distance of twenty to thirty miles. About two-thirds of the children have been infants, of whom quite a number have shown beginning rickets. All of these were artificially fed babies, who had just passed through a rainy Pacific Northwest winter with few sunny days. In many cases the mothers were making serious mistakes in feeding their children. An illustration of this is the case of a child whose father was employed in a creamery. All the milk used in this home was two-thirds cream. The three-year-old son was getting a quart of this a day, and yet his mother wondered that he had such a poor appetite for other food and complained so often of being sick. He was also receiving too many eggs a day. Many other illustrations could be given if space permitted.

The Home Economics Department has been fortunate in one other practice field for its students of nutrition. In the summer of 1921, it cooperated with the King County Anti-Tuberculosis League, and the Hollywood Farm, managing the nutritional part of the Hollywood Fresh Air Farm for undernourished children. One group of twenty and one group of fourteen such children between the ages of eight and fourteen were kept at this farm for five weeks each. Accurate records were kept of the food intake of each individual child, together with his gains in weight and height. A full report of this study will appear in the Archives of Pediatrics some time this summer. Only a brief summary will be given here.

Children averaging in age a little under eleven years, voluntarily ate almost 3,000 calories a day, of which over fifty per cent were from dairy products, and they gained an average of between four and four and a half pounds apiece in five weeks' time. One girl a little over nine and one-half years old averaged over 3,400 calories a day and gained ten and one-half pounds in five weeks. No child had less than a quart of milk a day, and some had more than this, with plenty of vegetables, fruit, eggs and cereals. Meat was used only once or twice a week. The children lived out of doors in the bright sunshine, went to bed at eight and got up at seven, with

one and one-half hours rest each afternoon. Efforts to train children to eat food they imagined they disliked were very successful. Group psychology was a great help in this. The children were deeply interested in their progress, and acquired a surprising knowledge of the comparative value of foods.

This enterprise was of at least four-fold value: 1. In the practical experience in methods of dealing with malnutrition gained by the writer, who supervised this work, and by the students in direct charge of the children and the record work. 2. In the practical experience gained in the technique of Nutrition Camp Management. 3. In the practical benefit to the children, both from the rapid improvement in their condition and from the lessons they learned and carried back home. 4. In the interest it aroused in nutrition. Many people became interested in learning more about feeding their children simply from the wide publicity given this work by the local newspapers.

In conclusion, this suggestion is offered as a possible means of more effectively unifying Child Welfare Work in the future: That every public school system, whether city or county, have a Department of Health Education. It is highly desirable that there be in each city or county, a Supervisor of Nutrition and that the person holding this position be well trained for the work. The personnel of the Department of Health Education should consist of the Supervisor of Nutrition as Chairman, the Supervisor of Home Economics, the Supervisor of School Nurses, the Supervisor of Physical Education, the Chief Medical Inspector, and the Dental Inspector. Each member of the Department should have freedom to carry on the specific work for which he is specially trained, and yet individual efforts must be coordinated in a carefully thought-out plan. All the educational resources of the state should be at the service of these agencies for health betterment.

Such Departments would formulate and direct plans looking, first, to the prevention of malnutrition and, second, to its cure where found. Methods for carrying out these plans will depend, of course, on the special conditions in the community for which they were formulated. Is it too much to expect that the health of children will soon be considered as important as their knowledge of geography, music, drawing, history and similar subjects?

The National Child Health Council

About June 1st the National Child Health Council will move to 532 Seventeenth Street. This will bring the American Child Hygiene Association and the Council even closer together through association in the same building.

OPPORTUNITIES FOR NURSES IN CHILD WELFARE WORK

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THE world is full of things that are being done and that need to be done for children—so full, indeed, that each group and each individual, either trained or untrained, should look about to find a place in which to connect with the programs that are under way, and that are each day becoming better related, the one to the other.

We need to approach child care from every angle in order to even understand the problems involved. Hans Gross had an appreciation of such a situation when he said, "Only the sham knows everything; the trained man understands how little the mind of any individual may grasp and how many must cooperate in order to explain the very simplest things."

The author of this paper will take one group and endeavor to show the privileges and the opportunities which these programs offer to the properly qualified trained nurse. By properly qualified we mean not only properly trained, and training is most important, but also possessed of that ideal of service which characterizes every advance that has ever been made in the care of children, the sick, or the dependent.

The various programs for child welfare involve the instruction of every expectant mother, and the provision of prenatal care and skilled obstetrical care. There then must be given to every mother skilled instruction in the care, including habit training, of babies, and children of both pre-school and school age. Complete physical and mental examinations are necessary for children of pre-school and of school age, with increasing emphasis on training in health habits. Medical and nursing care should be available to every ill or deformed child, home care to every dependent child, and complete mental and physical examinations and a social investigation to every delinquent child.

In short, the community resources need to be so developed as to give each child proper nutrition, rest, recreation, education and housing so that he may have an opportunity to attain his highest level of physical, mental and spiritual development.

With these programs in mind we shall consider the educational background of the nurse and see wherein she is prepared to meet their requirements. She usually begins with an educational foundation of high school or its equivalent; in the better training schools for nurses she has advanced theory in anatomy, physiology, hygiene and sanitation, bacteriology, nutrition, symtomology, disease and so forth; while in her clinical experience she is taught to put this knowledge into

practice. More than anything else she is required to note symptoms and to record them. She learns the art of making the sick person comfortable and she learns not to allow her emotions to control her actions in any of her contacts with patients.

Thus, her hospital background fits her for certain technical parts of the child program which have to do with the actual care of the child when he is unrelated to his family or the community, and it also makes a good beginning for training along public health lines.

Some years ago, however, far-seeing women in the nursing profession realized that hospital training alone was not enough for community service. There followed then the establishment of training centers for public health nurses so that now, stimulated by both private and governmental organizations, many schools and universities have well-established departments of public health nursing where sociology and psychology are studied as well as the technique of family case work and medical social service. Clinical experience is given in health agencies working in the community, and here the nurse learns to relate the child, well or sick, to his environment, and to note symptoms of a social character in the same way that she has formerly learned to note those of a physical nature.

With these programs and this preparation, where has the public health nurse found her openings?

She is in Divisions of Child Hygiene under State or City Health Departments. She is in Bureaus of School Hygiene under Boards of Health or Boards of Education as superintendent, staff nurse or supervisor. She is working alone in the smaller cities and the rural districts, and she is always found among the field workers everywhere. The State Tuberculosis Societies were the first to find her services valuable in the rural field, where she is now to be found in great numbers. The American Red Cross believes in her and has contributed largely toward making her training in public health possible. The American Child Hygiene Association has a public health nurse as field director. So also has the National Committee for Mental Hygiene, and Visiting Nurse Associations as well as societies doing maternal and child wefare work eagerly seek the aid of the public health nurse. In a word, she is to be found wherever public health work is established, and often she is the first full-time professional worker to be employed.

The April Bulletin of the Bureau of Nursing of the Oregon State Department of Health says that, "the public health nurse is the connecting link between medical science and mother love." This gives us a vision of the opportunity which is offered to the public health nurse. She has been taught through precept and experience to work with her hands; she is trained in teaching health habits and in recognizing the symptoms of physical and social ills; and she has the confidence of the medical profession and of the mothers.

CHILD WELFARE IN PORTO RICO

HELEN V. BARY
THE CHILDREN'S BUREAU

AT THE request of the Insular Department of Education, the Children's Bureau of the United States Department of Labor began, in May, 1921, a year of special activities for the development of child welfare work in Porto Rico. Conditions in Porto Rico are different from those existing in any of the States. For nearly four hundred years the island has been under the domination of Spain; customs, traditions and habits of thought are essentially Spanish, and Castilian is still the language of the people; all of which makes, between Porto Rico and the mainland, a sea of non-understanding as real as the physical ocean that lies between.

The income of Porto Rico comes entirely from agriculture, but the island is so mountainous that only a small part of its acreage is under cultivation. The chief crops, sugar, coffee, and tobacco, provide no food for the people, who live mainly on rice and beans which are imported and proportionately expensive. As Porto Rico is far more densely populated than any of our agricultural states, wide-spread unemployment is inevitable and extreme poverty is the lot of the mass of the people. This general poverty is a problem which must be solved before Porto Rico can be lifted to an American standard of living.

Since Porto Rico became part of the United States (1898), an excellent school system has been built up. The people have shown the greatest desire to avail themselves of the opportunities for education but the poverty of the island has made it impossible as yet to provide schools for more than half of the children of school age. However, the school system offers the only machinery for reaching the mass of the people, and Children's Year in Porto Rico has been developed along the lines of strengthening and adding to the social work being done in connection with the schools.

Wholesome, normal play, which we take for granted to be a part of the American child's birthright, had never before been given the little Americans of Porto Rico. The physical and psychological benefits of playing together, of developing teamwork and the spirit of fair play, had been denied them. During the "Year" play has been introduced as a regular part of the program of nearly 100 schools throughout the island, and the interest and eagerness with which both teachers and children have joined in playing such games as "Hot Potato," "London Bridge," and a hundred other American games, has shown the need and the way to fill it.

For older boys universal participation in games and athletics has been the goal advocated by the Children's Bureau. The first peace-

time activity of the Army in 1898 was baseball, but this was adopted by the Porto Ricans as a sport on which to gamble rather than as a game to be played. The Department of Education has cooperated with the Bureau by adding eight athletic instructors to its staff, athletic leagues have been organized all over the island, various field meets have been held, hundreds of games of basket-ball and baseball have been played, and school athletics have crowded other sports off the sporting pages of the newspapers. From the citizens in general the movement has met with generous response. Land for playgrounds and athletic fields has been donated and citizens' committees have helped to build fences and grandstands and to provide equipment.

During December and January a campaign was made to concentrate the attention of the island in the prevention of blindness and the care and education of the blind. That a large proportion of blindness is preventable, and that the blind can add to their usefulness and happiness through education, was a new point of view. In this work the Bureau has been assisted by the National Committee for the Prevention of Blindness. From the crowded tenements of the city and the thatched huts on the hillsides, the people thronged to the schools and moving picture houses where films and lectures taught them how to prevent loss of sight and how the blind can be taught to support themselves.

The first Baby Week ever held on the island was organized in San Juan*, by the Woman's Civic Club and the Children's Bureau. A week of parades, movies, lectures, children's concerts and demonstrations made Baby Week an event which promises to become an annual celebration. Every one took part, from the Mayor of the City, and the Colonel of the Army Post down to the smallest child in the Baby Parade. The "Little Mothers" had a special day of their own, with demonstrations by doctors and nurses of the right way to care for their charges. Fathers had their day with many public meetings. On Mothers' Day, health stations were established in all sections of the city, with doctors and nurses in attendance to examine children and advise the mothers. Children's Day was "Three Kings Day," the Porto Rico Christmas, and thousands of gifts were distributed to those children who might have otherwise had no presents.

The Sheppard-Towner Act does not apply to Porto Rico, but following suggestions and plans of the Children's Bureau, the Insular Department of Health has organized a Division of Child Hygiene which has stated educational work for the protection of maternity and infancy. The division is making an investigation of the causes of the high death rate of babies, and working in cooperation with the excellent public health work started by the American Red Cross, eight weekly baby conferences in different parts of the island have already been opened where mothers are taught proper methods of child care.

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*See "Mother and Child," Vol. III, No. 5, page 229. May, 1922.

NURSING EDUCATION A COMMUNITY PROBLEM*

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NURSING and nursing education are community problems. Nurse educators have very definite ideas as to the shortcomings of their schools. They are much concerned with the problem of sending out the number and kind of nurses necessary to meet the ever growing demand of the public. They see clearly the need of a richer curriculum, of a sounder basic course in many schools, and of greater opportunities for preparation for public health nursing, for the care of tuberculosis and other communicable diseases, and of mental illness. They know that these subjects cannot be given properly and within a reasonable time without a reduction in non-educational work in most schools, and further, they know that all of these things are costly. For two generations the directors of schools for nurses have been attempting a task as difficult as that of making bricks without straw, namely that of conducting schools without budgets or visible means of support. This position, always difficult, has become utterly untenable. What then is to be done? The answer is plain. Endow the schools!

Even a superficial survey of education in this country reveals the startling fact that of all schools ours are practically alone in their effort to struggle along without endowments or some form of governmental aid. The movement for the endowment of schools of nursing, quite apart from endowments for hospitals, is a growing and increasingly important one. Only by means of endowments can our schools be properly budgeted and managed according to accepted business procedure. Aside from providing the financial support necessary for the schools, endowments will tend to emphasize the importance of the schools as schools, instead of permitting them to longer remain hidden in the hospitals. The hospitals will continue to need the service of the students. The students must continue to obtain that vital part of their nursing education, the actual observation and care of patients, in the hospitals. But the ends of justice, justice to the young woman obtaining an education in nursing, and justice to the public which will employ her after graduation, will be better served when we have all learned to think of hospitals and of schools as separate, though cooperating, organizations.

In the effort to make our schools educational institutions in the best sense, we shall doubtless come to depend more and more on such cooperative movements as those already under way in Philadelphia, and in a more advanced form, in Minneapolis, where four schools with tremendous hospital and clinical resources have come together under

*Address delivered to the graduating class of the Children's Hospital, Philadelphia, 1921.

the aegis of the University of Minnesota. It is clear that such co-operative efforts cannot go very far without sound financial backing.

Such schools, too, need more well qualified directors and instructors than we have yet had. Alluring though the newer fields of nursing may be, I sincerely hope that not all of any class will ignore this opportunity for constructive service of a very high order. Hospital and training school work may not seem spectacular but I believe there are few satisfactions in life equal to that of assisting and guiding students, and of participating, even though vicariously, in their triumphs.

We see the whole world today concerned with health as it has never been concerned before, and with an appreciation of health in every instance comes a demand for nurses. The draft taught us much about our own woeful neglect of health. Our great neighbor to the South, though mercifully spared the awful ravages of the war and the famine and pestilence that have swept other parts of the earth, is also slowly awaking to an appreciation of her own backwardness in nursing. And these countries all look to us for help with this as with other problems, and rightly so. Limited as we know ourselves to be both in numbers and in knowledge, we have had such advantages as the best schools for nurses in the world can give. And what kind of nurses are wanted? Everywhere, at home and abroad, nurses are wanted who can teach, and nurses who understand the care of children, because as I have said before, the children are the hope of each race. There is another reason, too, for placing the emphasis on the care of children, and that is because in childhood we can really prevent disease. Doctor Winslow has well said that the Ninth Crusade will be that against preventable disease and you have been the fortunate recipients of a preparation that will fit you particularly for a part in this greatest of all Crusades. You have already come to know that tuberculosis is most frequently contracted in childhood although its gross manifestations may be delayed, and that it causes one in every ten deaths in this country. You know that a large proportion of cardiac disease would never have occurred had we really put our knowledge of bacteriology to work in controlling the communicable diseases of childhood, and yet one out of every six or seven deaths is due to cardiac disease. You know, too, that we have a veritable army of children and adults composed of those who are handicapped by this preventable disease. Dr. Haven Emerson may well ask "when are we going to put an end to recruiting among the healthy childhood of the nation for the invalids of middle age?" You know that our maternal mortality is a national disgrace, largely because of our neglect of rural communities; you know too, that we have a tremendous task ahead of us in reducing infant mortality, because fifteen per cent of the deaths in this country and Canada occur in those under one year of age.

You have been taught that psychologists are coming to believe that the mental growth of the child from birth to the age of six is greater than that of any subsequent period of his life and that it is during these sensitive formative years that right mental habits as well as right physical habits must be formed. Professor Gesell, of Yale, says that this mental development is by no means purely intellectual. Almost from the beginning, social, emotional, and moral growth denotes the organization of a personality. He further says that practically all cases of mental deficiency become established and are recognizable during these years. Remedial nursing we must have, but it seems very clear that we can accomplish more constructive health work by directing our efforts to the five ages of childhood, beginning with the prenatal period and extending through the school age, than by attempting to distribute our efforts over all the seven ages of man. This is the belief back of the great national and local organizations that are working to the end that children may early form health habits which will be an expression of the driving power of the ideals back of all health education.

If all these things are true, and they are true according to the present knowledge of our scientists, what of the spiritual life of the child? May we not safely assume that the early years are the impressionable years, and that the lessons well learned then will be lasting? Must we not learn to respect the personality of the child from birth and lend our efforts to a healthy and symmetrical development of that personality?

Edward Yeomans in "Shackled Youth," pays a splendid tribute to a teacher of whom he says, "Wherever she went she was quietly building bridges over places where fatal accidents might happen to children through ignorance, or timidity, or laziness of parents." Is it not a splendid concept, that of building bridges in order that fatal accidents might not occur? Is it not exactly what we do when we teach health habits, and is there any reason why we should limit our teaching to physical health? The mental hygienists are begging us to acquire a better knowledge than we now have of mental health and I am sure if those who have assumed the spiritual guidance of our land realized our amazing opportunities for the word in season they would flock to us for assistance in stemming the dark tide that is in danger of overwhelming them today. Our country is looked upon as fortunate. Will we long remain fortunate if we lose the ideals that made the nation great?

Herbert Hoover, the savior of thousands of European children, addressing the American Child Hygiene Association*, summarized the situation in this country in his usual able fashion by stating that "If we could grapple with the whole child situation for one genera-

*See Mother and Child, Volume I, Number 4, p. 147. December, 1920.

tion, our public health, our economic efficiency, the moral character, sanity, and stability of our people would advance three generations in one."

Your opportunities will be many. Some of you will work with the foreign born, and it has been generally conceded that the Americanization work of public health nurses has been of a high order. They have taken health to these people and have put it in terms of daily personal life, almost entirely through the agency of the children. There, again, is an opportunity for the all-round development of the child and of a lasting influence not only on the health but on the ideals of those who will help to form public opinion a generation from now.

Katherine Olmstead, now Director of Nursing for the League of Red Cross Societies, was once asked for her social creed and she replied, "Health, bread for all, and roses too." Health, food, and an appreciation of beauty, with some means of satisfying it, for everyone! Could anything be more comprehensive? You who have prepared to care for children have a marvellous opportunity to develop an appreciation of beauty, a sense of beauty whether it be material or spiritual. It is so easy for the nurse to win a child's confidence. No other person except the parents ever gets so close to the soul of a child.

In his introduction to the report of the Cleveland Health and Hospital Survey, Doctor Emerson says: "Rarely there comes a great teacher, one who compels attention by his knowledge or his art, a Franklin, a Pasteur, an Osler, but, in the main, health teaching, except to the few training for certain professions, will be given effectively only to those who for one reason or another are teachable. Children are teachable because youth is acquisitive and interested in itself and all that concerns its body and its playmates. Mothers are teachable for the sake of their babies. Perhaps one may include both parents sometimes in the class, while their children are still dependent. The sick and suffering are generally teachable for self interest, from hope, from humility. In the presence of epidemic disease of the kinds such as influenza and infantile paralysis, against which we can have no reliable measures of defense, everyone can be taught the elements of personal hygiene and good health habits because of their fear of death."

It has been said that education is offered as the panacea for all our modern ills. I have no superstitious faith in education as such, but I have a profound belief in the opportunities of the nurse as an educator. Every nurse should be, and indeed is, whether she wishes to be or not, a teacher. It is a part of the obligation we assume when we become nurses. More and more are the private duty nurses realizing their obligation to the home and the community of which it is a part. Those who remain in hospitals are frankly teachers as

well as administrators, while the whole public health movement and particularly that phase of it which we call the child hygiene movement is based upon an educational scheme for teaching health habits.

Miss Leete, of the American Child Hygiene Association, says that "positive health may be defined as meaning a body free from any handicaps, physical or mental, with a resistance which enables it to withstand environmental attacks to reduce its power, a vigor which radiates strength and happiness, and, back of all this, a spiritual tone which is the keynote of an inspiring personality."

If you help, individually and collectively, to make that kind of health a realizable ideal for an increasing number of people you will some day come to see that it has been your glorious privilege to bring a little nearer the fulfillment of the great vision of a world made safe for little children.

COUNTRY CONVALESCENCE

Baltimore's Happy Hills for Children

HAPPY HILLS is a home in the country near Baltimore which is to be opened June first, and which will give two or three weeks, and more if necessary, of sunshine, fresh air and proper care to children who have been in hospitals, so that they may become thoroughly well and strong before returning to school or to less healthful home surroundings.

Hitherto, convalescent patients of Baltimore have been sent to summer camps, mountain resorts, or fresh air farms, and although the need for an all-year-round convalescent home has long been recognized, no movement for the establishment of one was started until very recently. As an initial step, letters were sent to many physicians and directors of hospitals in the city to ask their opinion of the situation. An enthusiastic response showed the widespread desire for a convalescent home, and assured the backing of the hospitals and the medical profession for the undertaking of establishing one.

At the request of those interested, a meeting was called by Dr. Richard A. Bolt in February, 1922, to which interested individuals as well as representatives of all the hospitals were invited. It was reported that, of the various properties examined, a well-constructed house set in eleven acres of ground near Mount Washington, was suitable for the purpose, and Mr. Edward Morris, of Baltimore, offered to place the entire building, grounds and equipment without any encumbrance whatever in the hands of a board of responsible trustees. This Board, numbering twelve members, has subsequently been elected, and the Home has been incorporated.

Dr. Frederic Brush, the Medical Director of the Convalescent Home of the Burke Foundation, White Plains, New York, was invited to address this meeting because of his knowledge of and experience in this particular field. Doctor Brush spoke on the relations of child convalescence to hospitals and other health organizations, bringing out in particular the need for convalescent homes, their functions and their future outlook. Doctor Brush said, in part:

"In such work as social service, convalescence, readjustment of the handicapped, vocational guidance and measures for the prevention of disease and insufficiency, convalescent provision comes first in importance—in need, feasibility, economy and assured good results. It is a basis for the others, and is essential to their setting up and progress. For instance, the various handicapped, sub-normal and chronic patients need the strength that can be gained under supervised care in the country before they undertake the lessons and courses that will help them to help themselves; they require also periodic rests to keep them from breaking down again. Standard schooling alone tests many normal children so sternly that corrective rests are required, and industrial and home stresses constantly bring young people to the need of a change and an organized rest. Prevention, in its many phases, is turning increasingly to the country home for the best results. (American vacationing is so often unsatisfactory to these ends.)

"Our convalescent institutions have developed into a measurably new type of health instrument, with elaborated medical, social, educational and industrial workings that enable them to bridge the gaps from sick-bed or half-health and failure, to normal or contentable health and achievement. They have become also unexpectedly valued testing places in many borderline conditions—physical, mental and moral.

"The modern children's home admits medical convalescents, selected cardiacs, chorea, the tuberculous (all except active pulmonary), shorter-term orthopedics and bone diseases, mild nervous and mental affections, surgical dressing cases, malnutrition patients, and various subnormal and retarded children. It does broad preventive work, and gives simple vacations to children whose home conditions may be improved while the children are away. It provides continuation schooling, some vocational guidance, employment aid; it teaches manners, group-progress, social living and Americanization. It is a common experience to have the parent bring back a child, saying: 'He, or she, was good for months after being out there; will you readmit it?' The graduate's continuing influence on the home group is not inconsiderable.

"The following cycles indicate the functions of the convalescent

home in child welfare: The majority of patients go from beds of acute illness through the country home to school again, or to work; others pass from hospital to the home to hospital and repeat, with periods of house care, undergoing reconsideration, re-operation, and so forth, until the best possible recovery is attained; many go out from physicians, dispensaries, and organizations for preventive or sustaining recuperations, for mental and physical tests, and so forth, returning to education or job, or to hospital for more diagnosis; an increasing number is sent directly from schools or employment, with place or grade held awaiting their strengthened reappearance; a few pass from failure in this cooperative try-out to proper retarded, custodial, or delinquent care.

"With the improvement and increase in the children's services by the dispensaries, special clinics, and other organizations, the hospital is a proportionately diminishing source of supply of these country-home patients; but it remains still the largest single cooperating agency, and the relationship deserves clearer understanding. Certain statements, based upon large experience, may be left without discussion: ten to fifteen per cent of all hospital patients, children or adults, can rightly be sent to country convalescence, although more need it. The hospital, given full convalescent outlets (to its own branch or into general homes), but moderately shortens the average stay of the patients (probably from two to five days only), which indicates how patients are regularly and everywhere discharged too soon, to inadequate aftercare. Yet, by this addition to total days, the hospital's efficiency will be greatly increased through the prevention of relapse and recurrence and the undesirable return of patients, the juster selection of those patients worthiest of the skilled and expensive hospital care, the raised effectiveness and satisfaction of physicians in being able to plan lines of treatment through to assured end-results, and through the large and immediate practical advantages to the hospital's extension-arms, that is, the dispensary, social service, and so forth.

"Note that 'hospital waste' has disappeared from discussion even, in the past few years; yet one large waste continues, that of wrong patients occupying the beds, and for wrong periods of time, both too long and too short. The country branch may obviate much of this hospital clogging, and keep the border-zones cleared by vacating beds rightly and by preventing recurrence, semi-invalidism, nerve and mental deviations, disease incidence, and by caring for many of the lesser ills. The hospital, given the two essential auxiliaries of adequate house follow-up and country convalescence, may well bring to the community, and at the same price, a twenty to thirty per cent increase in health-educational service.

"The present high hospital costs are being scrutinized and questioned. They may be proven justified only if the hospital is reserved to its highly specialized work. A day's care in the best hospitals costs from four to five dollars, in country convalescence one and one-half dollars (one-third), in supervised house convalescence not more than seventy-five cents per day. The question of adding convalescent rather than hospital beds is wisely being considered by several of our large cities.

"The country home's various salutary interactions with social service, the dispensary, the neighborhood, the many welfare agencies, schools, courts and the local governments, are clearly enough apprehended, and may be passed here with the observation that altogether they prove in practice to outweigh the standard hospital and convalescent cooperations. This outcome is a broad community service which, within limitations, is needed and cannot be rendered in any other way.

"Brief notes only may here be presented upon convalescent plans, methods and results: Convalescence is now being recognized as a special health and economic branch, standards are fairly established, detailed information is available, a literature is forming, facilities are steadily augmenting, the secondary cities are also awakening to its usefulness, and medical and public health teaching begins to include it. In Boston a convalescent department with a special clinic is in action at one hospital center, and New York City has been given a notable Convalescent Research Fund.

"A wide age and disability classification may be treated in one plant, especially if partial separations are arranged. Special smaller homes are being wisely provided, as for adolescent boys, heart-diseased children, mothers and babies, mild neuropsychiatric states. These distinct groups have the advantage of getting early sympathetic support from the public, while larger general homes must await endowment or municipal backing.

"New buildings should cost only one-third to one-half as much per bed as do hospitals, so modest are the requirements, but generally it proves most economical and feasible to adapt existing structures, which are donated often, and serve even better than new because of the accrued conveniences and softened, restful environment. Each bed will discharge from fifteen to twenty patients yearly, and a small plant accommodates a large number of beds. The per-patient cost will be about the same for small and large institutions, from five to six hundred dollars per year-bed. Organization and management are simple; it is essential that the admissions go through one person. A central admission office and clearing place for several institutions is practicable."

FORTHCOMING CONFERENCES

THAT the cause of child welfare is achieving world-wide recognition is evidenced in the programs of the conferences and congresses that are scheduled to meet both at home and abroad during the coming summer. Medical meetings, tuberculosis meetings, social welfare meetings, public health meetings all are devoting a definite amount of their time to the special problems connected with child life, while a Pan American Conference in Brazil and an International Congress in Paris are primarily concerned with maternity and child welfare.

PLYMOUTH

FROM May 31st to June 5th a Congress, organized by the Royal Institute of Public Health, will be held at Plymouth, England. The fourth section of the Congress will deal especially with the problems concerning the protection of mother and child. The chair will be taken by the Right Honorable, the Viscountess Astor, M.P. At the session on Maternity Work, New Responsibilities of the Maternity Hospital will be discussed by John W. Ballantyne, M.D.; the Care of the Expectant Mother by Professor Louise Mellroy, and the Organization and Care of Maternity by Miss Frances Ivens. Under Infant Welfare Work, the Building and Preservation of Good Teeth will be taken up by Harold Scurfield, D.M., J. Wheatley, M.D., and Sidney Barwise, M.D.; Some Causes of Irregular Teeth, by A. E. Barnett; Unsolved Problems Affecting the Preservation of Infant Life, by Mrs. Flora Shepherd; and Recent Work on Vitamines, by E. A. Barton, M.D. Under the School Child, Charles M. Kennedy will consider Some Points in the Treatment of Cripples; Miss Champness, the Problem of the Cripple Children; G. D. Kettlewell, the Problem of the Syphilitic Child; and C. W. Saleeby, M. D., Sun Treatment.

PARIS

THE French League Against Infant Mortality has invited all persons interested in the physical and moral welfare of children to a Congress for the Protection of Mothers and Infants, which will be held in Paris the 6th, 7th and 8th of July.

The program of the Conference is divided into four sections. Under the first, the Care of Mothers Before and After Confinement, Doctor Devraigne, will speak on Consultations for Expectant Mothers, and Mlle. Chaptal, on How to Arrange for Confinement in the Home. Under the section on the Care of Nursing Mothers, Madame Pallu will discuss the Housing of Nursing Mothers during the War; Madame Letellier, the Protection of the Nursing Mother Who Works; and the Countess Hocquart de Turtot and Doctor Schreiber, Homes for

Nursing Mothers. In another section, Doctor Theroude will discuss the Institutional Care of Motherless Children, and Doctor Armand-Delille, the Children of Tuberculous Parents. Under the fourth section, the Participation of Private Agencies in Maternal and Infant Welfare Work will be taken up by Doctor Desvouges, the Part Played by Baby Consultations in Legislative Measures for Relief, by M. Marois; and Infant Hygiene Visitors, by Doctor Chatin.

PROVIDENCE

THE social workers of this country will meet in Providence, R. I., from June 22nd to 29th. The section on Health includes addresses by George E. Vincent on Underlying Concepts in the World Movement for Health; a report by Russell Sprague, M.D., on the Cape Cod Health Unit Demonstration, and papers on the Healthful Home by Ira S. Wile, M.D., and on Food and Health by Professor H. C. Sherman, of Columbia University.

Some of the subjects to be discussed in the Children's Section meeting include the General Status of Child Protective Agencies, and the Relationship between These and the Juvenile Court; Children of Unmarried Mothers—How far should the Courts guarantee support orders for them?

The Spiritual Value of Childhood is the subject for Section III.

BRAZIL

THE program of the Third Pan American Child Welfare Congress, to be held in Rio de Janeiro, from August 25th to September 5, 1922, has been divided into four sections: Hygiene and Public Welfare; Medicine; Education; and Sociology and Legislation.

Under the section on Hygiene and Public Welfare Work, the following subjects have been suggested for discussion: school clinics; popular teaching of child welfare; visiting nurses and their relation to child welfare; the organization of baby welfare work; the statistics of general and infant mortality in America and the relationship of the two; public aid for school dental work; maternity wards and hospitals in America, their regulations and statistics; the protection of the unmarried mother; the prevention of tuberculosis; the organization and equipment of the modern children's hospital; and the standardization and inspection of the food for children in government institutions.

The section on Education will include among its official reports a discussion of children who are retarded for physical reasons, the causes of and remedies for such conditions; and the methods of grouping such children in school and educating them.

The sessions of the First Brazilian Child Welfare Convention are to be held conjointly with those of the Pan American Conference.

MOTHER AND CHILD HEALTH TALKS

Number 5

The Importance of Breast Feeding

E. J. HUENEKENS, M.D., MINNEAPOLIS

IN the last ten years great advances have been made in the knowledge of artificial feeding of infants, but in spite of this progress, we have no food which begins to compare with mother's milk. The best of the artificial foods are but poor substitutes. The two main advantages of breast milk are: first, its almost perfect digestibility for all sorts of babies and under all sorts of conditions; second, its protection against every kind of infectious disease, except tuberculosis. Tuberculosis is highly fatal for young infants and no mother with open tuberculosis should nurse her baby. If, however, she has small-pox, scarlet-fever, diphtheria, tonsilitis or any other infectious disease, she may do one of two things, either express her milk and feed it to the baby, or have it nurse directly from the breast, the mother taking the precaution of wearing a mask over the nose and mouth (this face mask should also be worn when the mother has a common "cold"). The breast milk contains anti-bodies, or protective bodies, against these diseases and the baby either will not contract the disease at all or will have it in a very mild form.

It is now almost universally recognized that breast milk is the best food for infants, so that of late years our main problem has not been so much the education of people as to the value of breast milk, but more in showing mothers how breast feeding can be continued under adverse conditions. Two most frequent reasons for prematurely weaning the baby are: first, the breast milk does not agree with or is "poison" for the baby; second, the supply is insufficient. As regards the first reason, the breast milk may vary in its food value, some being richer than others, but it is always good. There is, however, some show of reason in the widespread belief that some mother's milk disagrees with the baby. Shannon has recently shown that occasionally certain articles of the mother's diet, such as eggs, may pass unchanged into the breast milk. If the baby should be sensitive to that particular food, it may cause colic, digestive disturbances, eczema, and so forth. However, even when this occurs it is never an excuse for weaning the baby, but rather, the offending foods should be eliminated from the mother's diet. The second excuse given for premature weaning, that of insufficient or total loss of breast milk, is much more commonly employed. In the vast majority of cases the mother has plenty at the beginning, but the baby being a poor nurser,

or as the physician would say, having its sucking reflex poorly developed, does not properly drain the breasts, especially of the last part of the milk which is the richest in cream, so that gradually the breasts secrete less and less. If proper precautions are taken early this can be avoided. As it is often difficult for the mother to discover this soon enough, physicians now advise that all mothers take their infants to their private physician or to Infant Welfare Clinics within two or three weeks after birth and continue this at regular intervals until the final weaning. The best time for weaning the baby is from the ninth to tenth month, though the child should be prepared for this by the gradual addition to the diet of cereal, vegetable and cow's milk, so that there is no possibility of a digestive upset.

There are various measures by which the supply of breast milk may be maintained. The baby should be nursed regularly every four hours if possible, or, if that it not feasible, every three hours. The breast feeding should never be omitted and a bottle feeding substituted, for this invariably decreases the milk supply. If artificial feeding must be resorted to, it should be complementary, that is, given after each nursing and the amount the smallest compatible with making the baby gain. The mother's diet should consist of plenty of any good nutritious food within range of her digestion. The old idea, widely held, that she should drink vast quantities of fluids, should not be carried to such an extent as to interfere with her appetite for more substantial food. Accompanying these measures, the mother or attendant must thoroughly empty the breasts after each nursing. Formerly this was done by means of a breast pump, but experience has shown that after the knack is acquired, manual expression works much better. To do this the breast is grasped between the thumb and first finger, just back of the areola or colored portion, the fingers being pressed gently but firmly together squeezing a portion of the breast between them and then suddenly, by a "stripping motion" toward the nipple, the breast milk is ejected in a stream. If the breasts are thoroughly emptied after each nursing the supply will increase very rapidly, so much so that sometimes in a few weeks there is an over-abundance. When there are anatomical defects in the infant, such as hair lip or cleft palate, or in the mother defective nipples or breasts, which prevent proper nursing the above method will save the breast milk for the baby. The writer has had under his care a baby whose mother was never able to put it to the breast but for nine months expressed enough milk to fully supply its needs.

These methods have been used for a number of years on thousands of babies by the Minneapolis Infant Welfare Society and have been uniformly successful. Of 2964 babies, carefully observed, 90 per cent were still on the breast at the end of five months.

MOTHER AND CHILD

A Magazine Concerned With Their Health

Published each month by
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JUNE, 1922

Our New Headquarters

BY the time this appears in print the American Child Hygiene Association will be not only located, but actually established, in the new quarters in Washington, D. C. The historic building on 17th Street, Northwest, at the corner of F Street, is admirably situated for use as our national headquarters, facing, as it does, the State, War and Navy Building, and being in close proximity to the American Red Cross, the Children's Bureau, the Pan American Union, Continental Hall and other centers of interest and of information. Every visitor to Washington will probably pass and repass our offices several times during even the most brief stay in the Capital, since 17th Street south of Pennsylvania Avenue is a thoroughfare for those who wish to drive through Potomac Park, or the Mall, as well as for visitors to the Corcoran Art Gallery, the Pan American Building, Continental Hall and the American Red Cross. It has been noticed that even at this early day the number of visitors and seekers after information is almost embarrassing, since the offices have not as yet been put completely in order.

In order to bring about centralization of effort, MOTHER AND CHILD will be printed and distributed from Washington, instead of from Baltimore as was the practice in the past.

Inevitable changes have occurred in the office personnel, but surprisingly little friction or inefficiency developed and the new office organization is working with the precision of a veteran corps. The loss of Miss Gertrude Knipp, referred to officially elsewhere, in a resolution of the Executive Committee, is one which cannot be adequately estimated in writing or in speech. Her activities as Executive Secretary are so intertwined with the history of the origin and development of this Association, that Miss Knipp very properly came to be regarded as a veritable encyclopaedia of knowledge and information upon all matters concerning the business of the Association and its membership. That such accumulated knowledge and experience, to say nothing of such exemplary and distinguished loyalty and devotion to a cause cannot be replaced goes without saying.

The newly elected Treasurer,

The Thirteenth Annual Meeting of the American Child
from the 12th to the

Mr. Corcoran Thom, who is Vice-President of the American Security and Trust Company, of Washington, and who replaces Mr. Alexander McLanahan, of Baltimore, is well equipped to assume the duties of even so capable and devoted an official as the former treasurer.

Many hundred members of the American Child Hygiene Association visit Washington annually. To each one of these we extend a cordial invitation to visit our—and their—new headquarters, which they will find at the very center of the things best worth seeing in the National Capital.

A Tribute to Miss Knipp

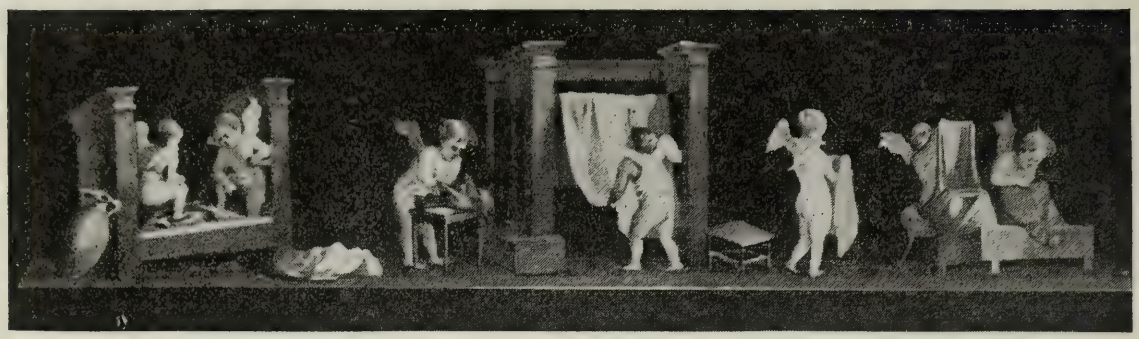
(Minute Passed by the Executive Committee of the American Child Hygiene Association on the Retirement of Miss Gertrude B. Knipp as Executive Secretary.)

IN every organization there is always someone whose faith and vision make possible its development. The American Association for Study and Prevention of Infant Mortality was founded in 1909. A wise Providence evidently guided the Association in the selection of Miss Gertrude B. Knipp as its first Secretary. In her thirteen years of devoted and unselfish service her optimism and courage have carried the Organization over many difficulties which threatened its very existence. When controversies arose, or interest lagged, it was her gentle tact and wisdom that smoothed the way and instilled new life. It is not too much to say that no agency ever had a more faithful, devoted and efficient servant. To her more than to any other individual is due the success which this Association has had. In recognizing this indebtedness we honor ourselves and pay her but a just tribute. Unfortunately, through the transfer of our headquarters to Washington, we have lost Miss Knipp. Unselfishly she approved this step, knowing full well that it would sever her association with an institution to which she has given many important years of her life, and to whose work and development she is most profoundly devoted. This is characteristic of Miss Knipp.

From the beginning to the end of her work she has given to the Association the best that was in her, but consistently and continuously submerged herself. It is just and fitting that those of us who worked intimately with her throughout these years should proclaim to the members of the Association, and to all those who have been and are interested in the welfare of the Child, that it is our belief that there are few people working in the field of Child Welfare who have contributed as much to the cause of the Child as the gentle woman whose splendid service to the American Child Hygiene Association has just ended.

We wish publicly to express our deep sense of regret in her loss, our great indebtedness for her faithful constructive service and our sincere wish that the future may hold in store for her many more years of happiness and useful service to her fellow men.

Hygiene Association will be held in Washington, D. C.,
4th of October, 1922



From Monumenta Pompeiana.

THE DAY'S WORK

A PRE-SCHOOL HABIT CLINIC

A few months ago, at the request of the Boston Baby Hygiene Association, Dr. Douglas A. Thom, Director of the Out-Patient Department of the Boston Psychopathic Hospital, organized a "Habit Clinic." The purpose of this clinic is to deal with those children who are developing during the pre-school age undesirable habits, and to determine and correct as far as possible their basis. Childhood has been properly called the battle-ground of mental hygiene, and this sincere attempt to nip in the bud habits and tendencies leading to later "nervous breakdowns," seems to us the very quintessence of practical mental hygiene. Many types of cases are seen by Doctor Thom. Children developing poor habits of eating, sleeping, bed-wetting, constipation and so forth, comprise one group; those exhibiting traits of purely mental life as vague, ill-defined fears, day-dreaming, tempers or tantrums, fainting spells and lack of interest or attention, go to make up another; while a third group is found among those with motor impairments as tics, snuffling, shaking of the head, facial contortions, and so on. In each of these symptoms, if permitted to thrive unchecked, we find splendid culture media for later nervous and mental invalidism or even so-called insanity.

Treatment of the child alone is insufficient. One must usually delve into the home life itself to discover fundamental causes. Only too often a mother is found over-solicitous, unduly affectionate, unstable and emotional, constantly catering to the child's every whim. In the same family may be found, perhaps, a father, stern, rigid and righteous, governing by fear and never sparing the rod but spoiling the child. Or again, the quick-tempered, irritable parent; the worn, wearied and worried mother; under these circumstances mental development of the child must be neglected, all too frequently. (*Monthly Bulletin of the Massachusetts Society for Mental Hygiene*, March, 1922.)

MINNESOTA HEALTH INSTITUTE

The Public Health Institute conducted March 20-25th in Minneapolis, under the auspices of the United States Public Health Service, the Minnesota State Board of Health, and the Medical School of the University of Minnesota, was noteworthy because of its faculty and the subject matter presented. In every case persons most fitted by education and experience spoke as experts on the subjects assigned to them. Lecture courses and clinics were given on Maternal and Infant Hygiene and on Venereal Diseases. There were 142 persons registered, of whom 43 were doctors, 72 nurses and the remainder social workers and lay people.

The course on Maternal and Infant Hygiene, which was arranged with special reference to the problems confronting the State Board of Health and the various non-official welfare agencies in carrying out the provisions of the Sheppard-Towner Law, was offered for the instruction of Public Health Nurses and others who now are, or who expect to be, engaged in maternal and infant welfare work or its promotion.

The course began with a review of what has already been done in promoting maternal and infant welfare, which showed that the accomplishment in Minnesota is considerably above the average for the United States as a whole. Frederick W. Schultz, M.D., spoke on the History of Maternal and Child Welfare Work, William F. Wild, M.D., on What Has Been Done for Maternal and Infant Welfare in Minnesota, and Albert J. Chesley, M.D., on the State Program in Maternal and Infant Hygiene.

The broad general principles of maternal and infant welfare work were laid down by medical experts, together with practical methods for pre-natal, maternal and child welfare work through individual education and clinics. The Principles of Maternal Welfare, and the Results of Proper Maternal Care were discussed by Fred L. Adair, M.D.; the Common Disturbances of New-Born Infants, by Frederick C. Rodda, M.D.; the Principles of Child Hygiene, by Walter R. Ramsey, M.D.; the Artificial Feeding of Babies, and the Welfare of Children During the Pre-School Age, by Edgar J. Huenekens, M.D.

The particular problems confronting the public health nurse were discussed by both doctors and nurses themselves through the heads of nursing organizations. Miss Natalie C. Rudd, R.N., spoke on the Practical Application of the Principles of Infant Welfare Work; Miss Helen Chesley Peck, R.N., on Pre-natal Field Work, and Nursing Procedures; Miss Eva Anderson, R.N., on the Nursing Technique and Standards of the Visiting Nurse; and Miss I. C. Johansen, R.N., on the Part of the Red Cross Nurse and Chapter in the Maternal and Infant Welfare Program.

The Rural Clinic Program was discussed by Naboth C. Pearce,

M.D. The opinion was general that the future success of public health nursing in the rural districts where the nurse is practically without supervision and is forced into executive work by reason of her isolation, depends on raising the standard for the education of public health nurses. For this purpose two courses are now offered by the School of Nursing of the University of Minnesota, of which Miss Anna Jones, R.N., spoke. One is a nine months' course in public health nursing requiring for admittance a high school diploma, or the full equivalent, and a diploma of graduation from a recognized training school of the first class. The other course, for high school graduates, comprises two years of specified work in the College of Liberal Arts, two years in the University Training School for Nurses, and one year advanced work in the School for Public Health Nurses, with field work. The limitation of future public health work to nurses so trained was earnestly recommended and the nurses were urged to avail themselves of the opportunity offered as soon as possible.

Social workers stressed the problem of the unmarried mother as the most immediate one in their field. Here is the obvious point for getting quick and sure results from maternal and infant welfare work. But, since the unmarried, pregnant woman consults the doctor early and conceals her trouble from others, it is absolutely necessary to get the cooperation of the doctor in order to make contact with the patient. This can only be done by convincing the individual doctor of the reliability, tact and usefulness of the individual social worker.

It was evidently taken for granted by all of the speakers that the maternal and infant welfare campaign is essentially one of education, which will require a broad interpretation, and which can only succeed through team work among all official and unofficial agencies. (*The above account was sent, by request, by Mrs. Albert J. Chesley.*)

CHILD WELFARE IN MONTANA

The Division of Child Welfare of the Montana State Board of Health with the cooperation of the State Federation of Women's Clubs is undertaking a child welfare survey of Montana, to be made through the volunteer efforts of the members of the women's clubs throughout the State. Detailed directions for making the survey and copies of questionnaires have been sent to the various presidents, who are asked to present the subject to their clubs. The survey will cover the subjects of health, recreation, juvenile delinquency, dependency, illegitimacy and children in industry. It is made with the purpose of pointing the way to needed legislation and community welfare programs, and to lead to a general campaign for "children's rights." (*Bulletin of the State Department of Health,* Montana, March, 1922.)

PORTLAND BABY CLINICS

Miss Marion Crowe, R.N., superintendent of the Visiting Nurse Association of Portland, Oregon, has sent in the following report:

"Until a year and a half ago practically nothing had been done in Portland for the care of well babies. The Visiting Nurse Association carried on, as a part of its regular routine, a follow-up work among new-born babies, but it found the new field of keeping well babies well untouched, and set about the task of weeding out ignorance and prejudice among the mothers so that the children might have a further opportunity for the right start in life.

"Our first demonstration district was chosen for three reasons: the congestion that existed there, the living conditions, and the number of births, while the determining factor was the number of infant deaths.

"We were aided in our choice of district by the friendly attitude of the Neighborhood House toward our new experiment. We were given the use of rooms there for our clinic, and as most of our babies were Jewish and as the Neighborhood House is supported by the Jewish women, we knew that their visitors' experience among the neighbors would be invaluable to us and to the babies.

"As with all pioneer work, our experiment presented trying complications, and while we made every effort to win the confidence of the mothers it was some time before we could wear away their habit of suspicion and succeed in securing their attendance at the clinic with their babies. Much depended on the tact and powers of persuasion of the nurse. The birth registrations for that district were secured, and the nurse visited the homes, leaving an appointment card with each patient, as we have not felt that justice could be done to each baby if more than six were present at one time.

"The usual clinic procedure is carried on—the baby undressed, weighed and examined by the doctor. Instruction is given regarding defects if any are found, and in every case special emphasis is put upon the importance of breast feeding. As usual in infant welfare work, the nurse subsequently visits the homes, giving necessary advice to the mothers.

"We are very proud to be able to record a drop in the death rate of from 69 to 62. Not one baby was lost during the first year and this in a difficult district thickly populated with foreigners.

"Our next district was not as crowded, but the work seemed as necessary. The people were Americans of the Western type, coming from farms and ranches, and living in shacks. There was more sunshine there than in the first district, and the housing conditions were quite different.

"One nurse had been working in this district in our other branches of nursing and had been telling the mothers of the work

in the Neighborhood House. In this way the desire for a clinic was ready even before the clinic, and when the announcement came that a clinic was to be held, it received a most enthusiastic response. In addition to the clinic, mothers' classes are held weekly by the nurse in charge, and a series of talks on pre-natal care are being given by a physician.

"In the districts where there are no clinics, the Visiting Nurse Association watches over newborn babies after we have dismissed the mothers.

"During the period of developing clinics a new State organization was formed, under the name of the Cooperative Infant Welfare Society of Oregon, and as this organization and the Visiting Nurse Association are both financed for Portland by community chest funds, the Visiting Nurse Association was asked to carry on the Portland work. The work is steadily growing and since we have met that acid test of value of all health work—the lowering of the death rate—we feel encouraged to help on in a privileged work."

SCHOOL MENTAL CLINICS

School clinics for children three or more years behind their grades have been established in Massachusetts, through the cooperation of the State Department of Mental Diseases and the Department of Education. Approximately 3,000 children have been examined since the organization of the clinics in 1921. The work has been constructive from the start, the purpose being to ascertain exactly what school progress the child is making; to insure that he is not worked beyond his capacity; and to ascertain any special reasons for his lack of development. (*Boston Medical and Surgical Journal,* January 26, 1922.)

NEW YORK SCHOOLS' HEALTH DAY

Health Day was observed for the second time in the 600 New York City public schools on March 7th. Tests of physical fitness were given by the teachers under the direction of the Bureau of Hygiene of the Education Department, with the cooperation of the Eyesight Conservation Council of America. A second annual Health Day was proclaimed by the Education Department because of the results attained last year when 76 per cent of the suspected defects pointed out by the teachers proved to be really existent. (*New York Times,* March 8, 1922.)

FREE EXAMINATION OF CRIPPLES

Free medical examinations of crippled children were conducted by the St. Louis Medical Society on three days in January, at which time 269 children whose parents were not able to pay for treatment appeared. The children were assigned to clinics from which those who needed further treatment were sent to hospitals. The Committee on Public Information and Instruction of the Medical Society has recommended that such free examinations be given yearly. (*American Journal of Public Health,* March, 1922.)

WHERE DO BOYS AND GIRLS PLAY?

The Playground and Recreation Association of America employed two continuation field secretaries during 1921, a third one being added in December. These gave service to 60 cities. In order to secure a comprehensive report from the recreation field, questionnaires were sent to 2,476 cities of which number about half replied. Fifty-one cities reported that new playground centers had been established during the year and 20 more reported that work was just starting, while only six reported that playgrounds had been discontinued. Playgrounds under paid leadership were reported from 502 cities. School playgrounds were maintained in 101 cities, three of them having paid leaders. The number of year-round centers was 805, in 144 cities. Community buildings to the number of 353 were reported from 103 cities. Streets were closed for play in 38 cities, 25 of which provided play leadership. The report includes a list of the officers of the Recreation Commissions, Boards and Associations of the different cities, and tables showing playground and recreation center statistics for 1921. (*The Playground,* March, 1922.)

BACKYARD PLAYGROUNDS

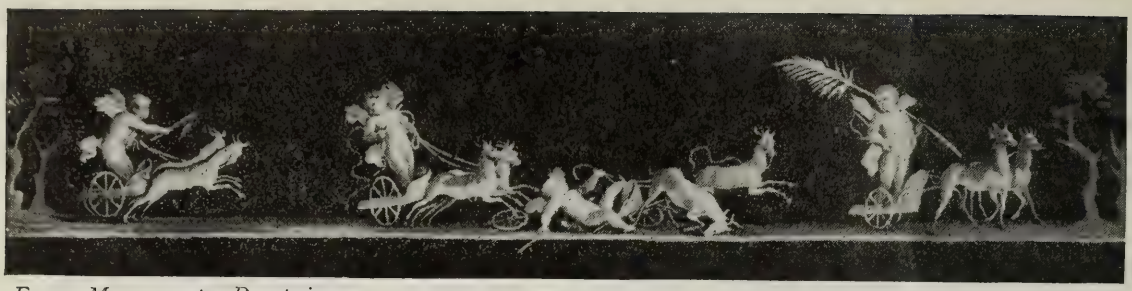
The Backyard Playground Association of New York City is promoting a new plan for playgrounds, which proposes the removal of backyard fences to make open spaces for the installation of playgrounds with suitable equipment and supervision, where the children will be safe from the dangers of the streets. (*Hospital Social Service,* March, 1922.)

ENFORCING BIRTH REGISTRATION

The Michigan State Department of Health is starting preliminary proceedings for the prosecution of twenty-five local registrars of vital statistics in eighteen different counties, because of alleged failures on their part to comply with the State law requiring that notices of all births and deaths within the counties be filed with the State authorities before the 5th of each month. These registrars are liable under the law to a $200 fine and 60 days' imprisonment. (*Survey,* April 1, 1922.)

FRESH AIR AGENCIES

The Babies' Welfare Federation of New York, which includes in its membership about thirty organizations doing fresh air work, has made a special study of the conditions which surround the work of the various fresh air agencies for the purpose of formulating a better program for the coming season. An effort is being made to secure the adoption of a certain uniform minimum hygienic standard of requirements for children admitted to fresh air homes. There are in New York City 56 institutions, with a total of 10,308 beds, which offer vacation outings and convalescent care for mothers and children. (*New York Times,* March, 2, 1922.)



From Monumenta Pompeiana.

THE FOREIGN FIELD

England

BETTERING INFANT WELFARE WORK

The Workers' Section of the Association of Infant Welfare and Maternity Centers held its fifth Annual Meeting on March 14th. During the year it has been arranged for all superintendents and assistants at welfare centers to observe work that was going on at centers other than their own. The Annual Meeting of the Section was addressed by Dr. R. C. Jewesbury, the visiting physician at the Mothercraft Training Society's Home and Hospital for Babies. In making suggestions for increasing the value of infant welfare work, Doctor Jewesbury said he was unable to avoid some criticism of prevailing methods. Overcrowded centers, with thirty infants to be inspected during a two-hour session; failure to emphasize sufficiently the value of breast feeding to both mother and child, and a too ready acquiescense in the all too easily obtained substitutes, were instances which the lecturer gave of how the good results of the work done may be minimized. He pointed out the need for the better training of the medical student in the physiology of the normal infant, and of the nurse in the early stages of inflamme ailments—both these requirements could be easily met by the provision of either small special wards in the hospitals, or of hostels in local areas for the observation of the ailing baby. In this way not only would the baby be saved the risks of weeks spent in hovering between home and hospital, ending in the latter when it had become really and acutely ill, but such wards or hostels would be of high educational value. He also advocated as an important item of infant welfare the provision of some place where a mother who experiences difficulty in the nursing of her baby can be under observation, and where test feeds can be carried out. With his remarks on the need for greater uniformity in the advice given at the infant consultation every welfare worker will agree, and will endorse what he said as to the necessity for the consultant, man or woman, to have had wide experience with infants, the normal baby especially, as otherwise the unhappy infant is made to serve as the raw material, not only for the mother, but for the doctor even, to gain experience in child nurture. (*National Health,* April, 1922)

VOLUNTEERS COME INTO THEIR OWN

The work of the voluntary societies in maternity and child welfare work received a magnificent testimony from Sir George Newman, M.D., Chief Medical Officer to the Ministry of Health, who addressed the Annual General Meeting of the National League for Health, Maternity and Child Welfare and the National Association for the Prevention of Infant Mortality on March 16th. He spoke of the number of children who, some ten years ago, through physical impairment, were unable to receive education, adding, that as we take care of the infant, so we are turning off the tap of disease and giving to the child a longer and a better life. He believed that there was nothing more important in Great Britain than the issue which the Societies had chosen to make their own, healthy children being the true builders of the State. * * *

For several reasons he firmly believed in voluntary service—because of its economy, its encouragement of new ideas, its power of doing propaganda and because the voluntary worker brings to his task a spirit of freedom and idealism that it is not always possible for the Civil Servant to express.

The Annual Report of the National League for Health, Maternity and Child Welfare for the year 1921, which was presented at the meeting, showed a very remarkable year's work which had been carried out under great difficulties, for, like most voluntary societies at the present day, the League has suffered severely in regard to its finances. The office staff has had to be cut down to a minimum, and from the second half of the year onward the League has been very much indebted to Miss J. Halford, who is now giving her full time to the work in an honorary capacity. Miss Halford's unfailing devotion to the cause of children and to the affairs of the National League for Health, Maternity and Child Welfare and its constituent bodies, are, as all workers in the maternity and child welfare movement know, beyond estimate. (*National Health,* April, 1922)

STREET ACCIDENTS TO CHILDREN

In London, during the two years ending November, 1920, an average of 248 children under 15 years of age were killed in street accidents, and 5,131 more were injured. These figures are for the Metropolitan area, which has a population of roughly 7,400,000. In Greater New York, which has about the same population, 423 children under the age of 15 were killed in 1918. In Paris, which has a population of nearly 3,000,000, the average yearly number of fatal accidents to children of this age, during the three years ending with 1919, was only 15. This figure does not include accidents from horse-drawn vehicles and bicycles. (*London Times Educational Supplement,* March 25, 1922.)

France

SUPER-WAGE TO FAMILY HEADS

During the past two years employers have been experimenting with a system for the payment of a "super-wage" to employees who are heads of families. Plans have been worked out for the creation of central compensation bureaus representing the employers of the same industry or the same locality, through which the expense of the super-wage is distributed equitably among the employers. At a recent conference on the subject in Paris, it was claimed that the success of the system has been proved by the growth of the movement among employers, in spite of the fact that it is wholly optional. In July, 1921, there were 71 bureaus distributing 75 million francs in super-wage allowance, to a million workers. Similar systems have been adopted during recent years in Holland and several other countries. (*Labour Gazette,* Canada, March, 1922.)

NURSES' MEMORIAL SCHOOL

The three great American Nurses' Associations subscribed $50,000 as a memorial fund to the 281 sister nurses who died in Europe during the World War. This fund has been used for the erection of a modern building to house the Florence Nightingale School for Nurses in Bordeaux. The dedication services, at which Miss Mary Beard, of Boston, spoke in behalf of the nurses of the United States, were held on May 12th, the 102 anniversary of the birth of Florence Nightingale. In commenting on the form which the memorial has taken, La Femme says: "This makes France the guardian of the monument of their dead as well as the guardian of their principles of nursing. * * * Perhaps in the very near future hospital schools of this kind will multiply in France. French women will understand the principles of Florence Nightingale. The intelligent and generous act of the American women shows us how to carry on, how to have faith in the future of France, how to use one's health and mind for the good of others, and how in memory of the dead to heal the living who suffer."

Italy

MEDICAL INSPECTION OF SCHOOLS

A royal decree, applying to practically all the schools of the country, both public and private, was issued on October 9, 1921, to regulate the control of contagious diseases. It provides for regular medical inspection and debars from the schools all pupils suffering from any disease which makes them a source of danger to other pupils. When the number of children suffering from tuberculosis, syphilis, and other diseases is sufficiently large in any community, special classes may be formed. Provision is made for open-air schools and preventoria for children who have tuberculosis or show a tendency to develop it. (*Bollettino Ufficiale del Ministero Dell' Istruzione Pubblica,* February 2, 1922.)

Germany

UNDERFEEDING AND CHILD HEALTH

The National Public Health Department of Germany recently made an investigation to determine the effect of underfeeding on the health of children. It was found that in 1913 in nine German cities the number of deaths of children from five to ten years of age was 1,734; in 1916, 2,196; and in 1919, 1,828; for children from ten to fifteen years of age, the figures for the same years were 884, 1,185, and 1,214, respectively. In some of the industrial cities 50 per cent, and in some of the largest cities, 70 per cent of the school children are seriously undernourished. The physical condition of the children now entering school is considerably worse than that of the entering classes of previous years. The height of the children of almost all age groups is below the average height of children of the same groups in 1913-14, while in some of the large cities, the average weight of the children is five pounds less than the figures for those years. The capacity for study is decreased, and early mental fatigue and weakness of memory are evident. Tuberculosis is much increased, and it was found that 40 per cent of the children between six and fifteen years of age in the larger cities show tubercular infection. Rickets and scurvy are widely prevalent, and in some places their incidence is even increasing. The treatment of diseases among children is to a very large degree handicapped by the continuing shortage of meat, butter, and milk. (*Zeitschrift fur Schulgesundheitspflege,* December, 1921.)

SICKNESS INSURANCE BENEFITS

The sick fund of Cologne established by the compulsory sickness insurance law, has recently added child hygiene work to its regular function of paying sick benefits. This is due to the fact that 30 to 50 per cent of the school children of that city are infected with tuberculosis and the national government is unable to render the needed aid. Non-insured children of insured persons are given medical treatment, tonics, and special food. In addition, the fund is planning to make generous provision for sanitaria, convalescent homes, and homes in the country not only for sick children but also for those in need of special care to prevent the development of disease. Children of non-insured parents without means will be cared for by the city. (*Soziale Praxis,* January 4, 1922.)

BERLIN SCHOOL MEDICAL SERVICE

The medical work in the public schools of Berlin has been reorganized by the municipal authorities. Inspection of all public school children will be made regularly and health cards with detailed information will be kept, which will follow the children from school to school. About 250,000 children will benefit by the system. The number of school doctors will also be increased. (*La Protection de l'Enfance,* February, 1922.)

Austria

CHILD STUDY COURSES

Courses of study on the physical and mental development of children, designed for parents and other persons interested in child welfare, have been opened in Vienna by the German Society for Education and Instruction. (*Pro Juventute,* February, 1922.)

Switzerland

VACATIONS FOR WORKING MOTHERS

In order to provide opportunities for vacations to working mothers whose children are cared for in day nurseries, the Central Swiss Society of Day Nurseries has arranged to take care of the children over night when it is necessary, and to secure "mothers' helpers" to care for older children at home during the mother's absence. The nurseries will decide which mothers shall receive the vacation and provide the necessary funds. (*Pro Juventute,* February, 1922.)

Sweden

INSPECTION OF ADOLESCENTS

A recently issued report of factory inspection in Sweden in 1920 shows that during that year 45,000 workers of both sexes between the ages of 13 and 17 were examined by the medical factory inspectors. Physical defects were found in 15 per cent of the persons examined. In some cases a complete or temporary cessation of work was ordered, and in others a change of work. (*Soziale Praxis,* February 15, 1922.)

Denmark

LAWS FOR PROTECTING CHILDREN

The Government is intending to amend the child welfare laws. A committee has already prepared a bill relating to parental authority and providing for the establishment of guardianship councils and public institutions for dependent children. A provision of the bill forbids the sale of tobacco to children under fourteen years of age and prohibits children from smoking in public places. A new law permits the State to distribute annually 250,000 crowns to municipal and private agencies for the establishment of day nurseries, trade schools, and vacation colonies for school children. (*La Protection de l'Enfance,* February, 1922.)

Canada

INFANT MORTALITY RATES

The following complete infant mortality figures, covering the years 1915 to 1920, inclusive, from four Canadian provinces, appeared in the April issue of *Social Welfare,* the official publication of the Social Service Council of Canada:

	1915	1916	1917	1918	1919	1920
Alberta	87.9	90.5	87.3	107.1	110.3	93.7
British Columbia	68.9	80.4	83.9	86.7	84.6	67.
Manitoba	130.7	106.1	104.3	109.7	98.6	118.
Nova Scotia	111.4	121.6	118.	104.02	112.6	111.3

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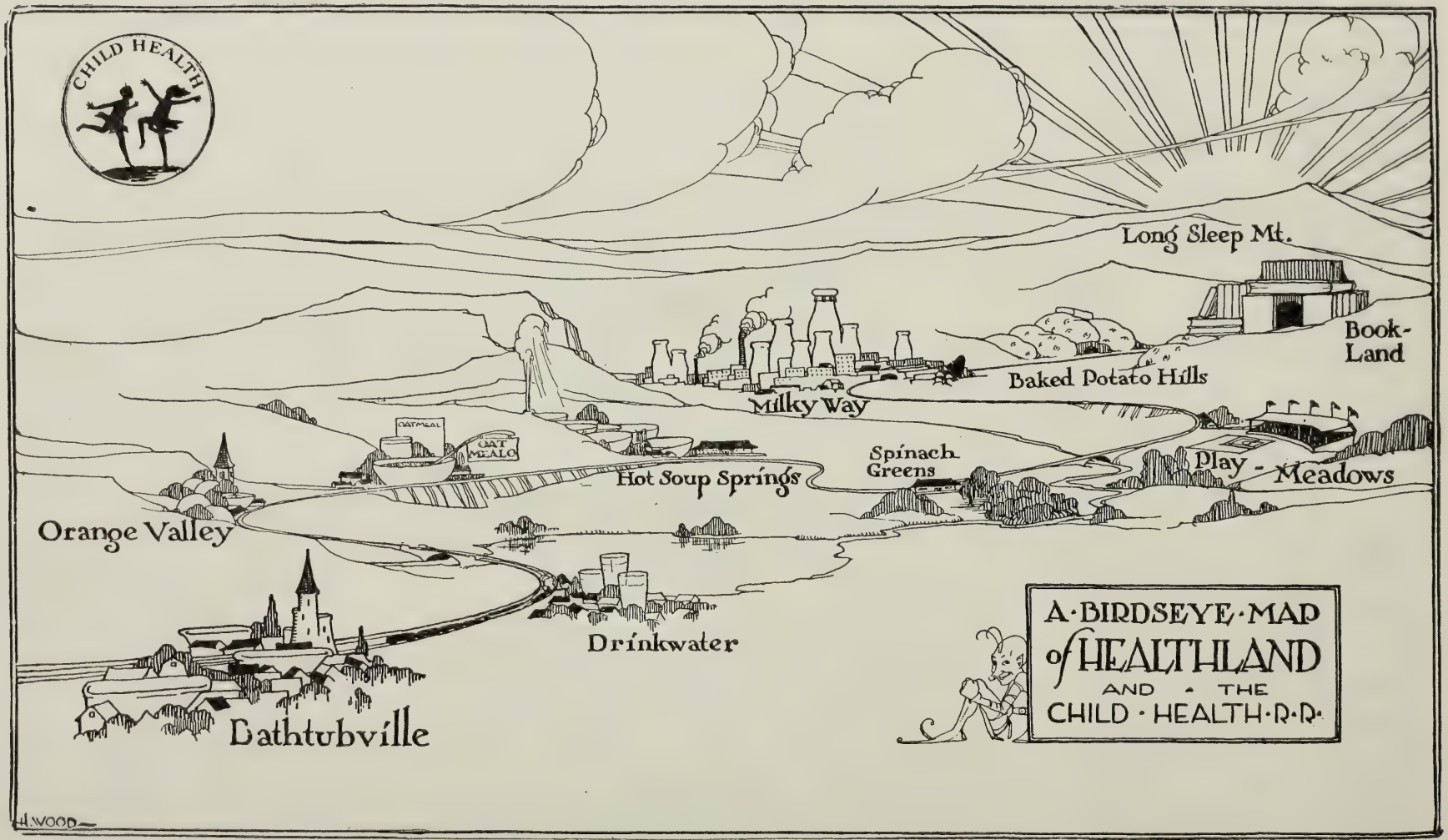

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See the Child Health Railroad, page 298.

MOTHER AND CHILD

A Magazine Concerned With Their Health

VOLUME III JULY, 1922 NUMBER 7

CHILD FEEDING ACTIVITIES OF THE AMERICAN RELIEF ADMINISTRATION IN EUROPE

ALONZO E. TAYLOR

DIRECTOR, FOOD RESEARCH INSTITUTE, STANFORD UNIVERSITY

THE American Relief Administration is now engaged in the fourth year of supplementary child feeding in Central and Eastern Europe. In a sense, the undertaking may be regarded as the direct outgrowth of the experiences of the Commission for Relief in Belgium. In 1915, a supplementary meal was established for underfed children in Belgium and Northern France, the need being determined by physical and medical examination. Following the Armistice, Central and Eastern Europe fell into temporary economic chaos. Depreciation of currency, breakdown of transportation and low production in agriculture and mining combined to produce conditions of physical scarcity. The general approvisionment of Central and Eastern Europe was a function of the Food Section of the Supreme Economic Council. Realizing that under the conditions of chaos there prevalent, social and biological equity might not be guaranteed for children through the operation of natural forces, Herbert Hoover organized the American Relief Administration to function in the field of child welfare. As in Belgium and Northern France during the War, the plan of succor comprised a supplementary meal, adapted to the exigencies of circumstances in different sections.

The program of the American Relief Administration did not include the establishment of a balanced ration for children in the countries of operation. That was obviously impossible. The feeding operations of the American Relief Administration envisaged four objectives: 1, a supplementary meal for all needy children, covering approximately half the daily caloric requirements of the statistical child between the ages of two and fourteen,—6-700 calories; 2, the administration in this supplementary meal of as much milk as possible or practicable, to counteract the prevalent scarcity of milk; 3, providing food of a kind more suited to childhood than the excessively coarse foods upon which the populations of the unfortunate countries were more or less heavily dependent; and 4, taking over the complete support of

particular groups of children who possessed no visible means of support.

The American Relief Administration at one time or another has operated over a very wide area in Europe, from Helsingfors to Constantinople and from Feldkirch to Orenburg. Surveys in the different countries, undertaken by experienced observers with the assistance of local authorities and with the corroboration of distinguished local scientists, indicated that for the most part a supplementary meal containing approximately half the average need in calories would be sufficient to restore normal nutrition, overcome loss in weight and correct retardation of growth. The attempt was everywhere made to classify children by weight and measurement. Such classification reached its highest expression in Austria and was attempted only in a fragmentary manner in Poland, the Balkans and Russia. Everywhere the best available medical assistance was obtained in the shape of specialists engaged in pediatrics. Everywhere the work was organized with the cooperation of the best available social service of the community. It was the rule of the Administration to prepare and serve the food on the premises devoted to the Relief and not to issue food to be taken to the homes. Since control of warehouses and kitchens was under the direct auspices of representatives of the Relief Administration, it was assured that abuse was practically excluded.

Scarcity of milk was an almost universal phenomenon after the War. The War occasioned a tremendous wastage in horses. This meant the transfer of oxen from country to town and city. There was also excessive slaughter of oxen. As a consequence, milch cows were compelled to serve on farms as work animals. This had the natural result of reducing the flow of milk. In addition, the yield of milk suffered from the scarcity of feeds, especially concentrated protein feeds. These had been excluded by the blockade from the Central Powers and the countries over which they had obtained military control. Importation of these feeds into the countries of the Allies and into the neutral countries of Europe had been greatly reduced by the operations of the submarine and the scarcity and cost of ocean carriage. It is probably safe to say that the total milk production of Europe in 1919 was below one-half the level of 1913. The total milk production of Europe in 1922 will be notably below that of 1913.

Milk formed the most prominent feature of the supplementary meal for children in the program of the American Relief Administration. It was supplied evaporated, condensed and dried. The attempt was everywhere made to include in the supplementary meal an amount of milk at least sufficient to supply the growth vitamine and the minimal requirements of balanced protein.

The opinions of physicians in the different countries who were in position to watch the operations of the supplementary meal, unit, in

ascribing to the milk fraction of the meal a particular influence in the nutrition of the children. Certainly it seemed everywhere clear that the milk exerted an action far in excess of its caloric value. This was seen not merely in the restoration of growth but also in the reduction of rickets, osteomalacia and other less clearly defined forms of dyscrasia. Milk was sometimes served as a beverage, but more frequently given in various cooked dishes. Incidentally, the milk purchases of the American Relief Administration furnished an invaluable outlet to American condensories during the three years following the Armistice.

Cost factors being equal, outside of the milk fraction of the ration, it was the purpose of the American Relief Administration to provide in the supplementary meal foods that were attractive to children, foods of which they had been deprived, for which they had a psychological hunger and which would afford relief from the monotony of coarse vegetables. These children suffered no scarcity of water-soluble vitamines. There was scarcity of meat. But meat was a thing difficult to include in a supplementary meal. The children exhibited particular hunger for sugar and fat and an especial predilection for preparations of white flour. Gruels of oatmeal, rice, and corn grits, combined with milk and sugar and sometimes with cocoa, formed dishes that proved attractive to them. For Sundays, feast days, church days and other particular occasions, sweetened cakes were prepared, in accordance with the custom of the country. These the children were usually allowed to take with them to their homes. Every attempt was made to have the surroundings festive and attractive. The hour of the supplementary meal was made the occasion of social gathering and became throughout the wide sections of the continent in which the Administration operated the nucleus of renewed social service. Not a little of the reborn hope of the peoples in these stricken countries sprang from the kitchens of the American Relief Administration.

The problem of the homeless and destitute orphan was a particularly difficult and pressing one. These children were found herded together in some places and widely scattered in others, living almost like nomads. Frequently they were of different nationality; thus one found groups of Russian children in the South Balkans and in Poland. There was no time to inquire who was responsible. It was the question of salvaging neglected children. With the cooperation of the authorities in the different countries, these children—to the extent of many tens of thousands—were gradually gathered into homes and institutions and the American Relief Administration provided complete sustenance for them.

It soon became clear, however, that in many countries something more was needed than a supplementary meal. The body of the child is kept warm by the temperature of the environment, the protection of clothing and the fuel value of food. Many of these children were

nearly naked. The expected benefits of the supplementary meal necessarily failed with children who, through lack of clothing, shivered away the heat of the meal. It was necessary to import underwear, shoes, outer clothing and bedding in large amounts in order that the bodies might be kept warm and the food of the supplementary meal be permitted to expend itself in growth of tissue and not in mere maintenance of body heat.

Finally, it became clear that the sick child and the expectant mother required additional service. Under careful control by experienced physicians, supplementary feeding of the expectant mother was established in a number of countries, a supplementary meal for a period of weeks prior to the birth of the child and over a period of months during lactation. In other words, children were fed directly in our kitchens and infants indirectly through feeding the nursing mother. Many thousand layettes were provided during the first years of the operations of the Relief Administration.

To combat long standing malnutrition, medicamenta and cod liver oil were supplied to established hospitals where severe cases of malnutrition were collected. One large contribution of cod liver oil was donated through the generosity of the people of Norway. The American Red Cross collaborated in the care and treatment of sick children and has earned the especial recognition and appreciation of the populations of the countries concerned.

It has been the policy of the American Relief Administration to withdraw, area by area and country by country, just as rapidly as conditions improved to such an extent as to afford reasonable assurance that the local authorities would be able to continue the work and prevent relapse into underfeeding. It is believed that the close of the year 1922 will witness the final withdrawal of the American Relief Administration, although it is possible that following the liquidation of supplies in hand, operations in a few places may be continued for a time longer.

Indirectly and directly, the huge costs of the operations of the American Relief Administration have been supported largely by the American people. To a certain extent, the different nationalities in the United States have in one way or another contributed materially to the support of the relief in the countries from which they were derived. But for the most part, the funds from which the American Relief Administration drew its largest support sprang from the free consciousness of the American people and represented the spontaneous spirit of charity and humanity. The governments of the recipient countries made heavy reciprocal appropriations for native foodstuffs, fuel and transportation. These governmental aids were called into being by the program of the American Relief Administration, and they would otherwise probably not have been carried through.

THE BABIES OF 1921

PHILIP VAN INGEN, M.D.

STATISTICS can be made as dry and uninstructive as a lecture in Sanskrit would be to the average human being, but statistics can also be made to talk and tell us things we want to know. It is for this purpose that the American Child Hygiene Association publishes each year its early preliminary report of infant mortality. This report for 1921 has just appeared. It is the balance sheet for 573 of the 746 cities in the United States which had a population of over 10,000 in the 1920 census. Unfortunately, only 644 of these cities keep accurate and careful records of deaths, and these are the cities in the "Death Registration Area." Also 553 keep accurate records of their births and they are the cities in the "Birth Registration Area." The first birth statistics published by the bureau of the Census were for the year 1915 and only ten states and the District of Columbia were included in the area. It covered only 31 per cent of the population of the country. It is a most encouraging sign that for 1921, 27 states and the District of Columbia comprise this area, which includes 65 per cent of the total population.

When this Association was organized thirteen years ago, it was realized that there was an enormous waste of infant life. It is the comparison of conditions from year to year and their relation to the work that is being done that interests us. It is to show us what has been accomplished that we want to make these statistics talk.

In 1920, in the same group of cities, the infant mortality rate was 92,—that is, of every thousand babies born, 92 died during their first year, or approximately one in every eleven. In 1921, the rate was 79, or less than one in twelve! Let us apply those figures. In those 573 cities 922,733 babies were born and of that number, 73,002 died. If the rate for 1920 had held last year, 84,799 would have died. There was a saving of 11,797 lives!

The infant mortality rate in these cities varies very much in different parts of the United States. In comparing the various areas, it is fairer to take only those in the Birth Registration Area. In those states, where all cities were reported, the lowest rate occurred in Oregon which had 48.9; Washington was next with 52.3; Minnesota had 59.0; and California, 60.0. Among the Central States, Kansas, Kentucky and Ohio show the lowest records, with 71.9, 72.5 and 76.5 respectively. Connecticut leads the Northern Atlantic Coast States, with 71.8; New Jersey following with 73.8 and New York with 75.3. The states with large negro population in the Birth Registration Area only number six. The influence of the negro population on the infant mortality rate is very great, the negro rate averaging about 1.8 times that of the white population. Among these states Maryland

stands first with 85.3, and Virginia next with 85.8. The rates, with the number of cities reported, the rate for 1920, and the net change in 1921, are as follows:

INFANT MORTALITY RATES IN CITIES OF BIRTH REGISTRATION STATES

	Number of Cities in State	*1920*	*1921*	*Net Change*
Oregon	4	59.7	48.9	—10.8
Washington	5	60.6	52.3	— 8.3
Minnesota	11	70.6	59.0	—11.6
California	25	67.9	60.0	—17.9
Connecticut	28	92.8	71.8	—21.0
Kansas	17	89.7	71.9	—17.8
Kentucky	8	89.5	72.5	—17.0
New Jersey	39	92.9	73.8	—19.1
New York	58	88.2	75.3	—12.9
Ohio	50	88.8	76.5	—12.3
Indiana	31	96.2	78.7	—17.5
Wisconsin	21	90.1	80.9	— 9.2
Michigan	28	99.7	81.6	—18.1
Maine	8	109.9	84.1	—25.8
Maryland	5	104.8	85.3	—19.5
Pennsylvania	77	98.8	86.7	—12.1
Rhode Island	11	92.6	88.5	— 4.1
Delaware	1	105.1	88.9	—16.2
New Hampshire	8	97.1	95.1	— 2.0
Virginia	11	106.7	95.8	—10.9
North Carolina	14	112.9	100.4	—12.5
Vermont	3	117.5	100.6	—16.9
South Carolina	6	150.3	126.1	—24.2

We know that there are many factors entering into this loss of infant life,—the general sanitation of the city, housing and overcrowding, character of the industries, the prevalence of women workers, character of the population, and so forth. We know in a general way that the larger the city the worse many of these factors will be and the greater their influence should be were they the most important factors. The facts are that every year it has been this group of large cities,—those with over 250,000 population,—which has had the lowest group rate. We know that it is in these cities that more attention is given not only to general sanitation, but to fighting the big problem of ignorance of health, especially of infant health. The relative position of the remaining groups of cities has varied from year to year and, in a general way, it is the cities which are growing fast and have not adjusted their machinery of education and sanita-

tion to meet their problems, which show the poorer rate. The rates for these groups of cities during the last five years are as follows:

DEATH REGISTRATION AREA

Cities of	*1917*	*1918*	*1919*	*1920*	*1921*
Over 250,000	95.0	102.9	86.9	89.0	77.1
100,—250,000	104.4	115.0	93.2	96.1	79.9
50,—100,000	103.0	107.7	105.1	96.3	82.0
25,—50,000	102.3	106.2	90.9	92.0	80.9
10,—25,000	101.3	113.6	94.7	93.3	82.1

In dealing with infant mortality rates for individual cities it must be remembered that for the smaller ones where births are comparatively few—500 or less each year—the rates in this preliminary report are likely to be somewhat inaccurate. A delayed death certificate or two will change the rate from two to four points. They are, however, indicative of actual conditions. In the larger cities the figures given are probably accurate. The lowest rates in the groups of from 50,000 population up, are as follows:

LOWEST INFANT MORTALITY RATES OF INDIVIDUAL CITIES

Over 250,000		*100,—250,000*		*50,—100,000*	
(1) Portland, Ore.	48	Oakland, Cal.	52	Berkeley, Cal.	39
(2) San Francisco	51	St. Paul	54	E. Orange, N. J.	43
(3) Seattle	52	Spokane	55	Rockford, Ill.	54
(4) Minneapolis	55	New Haven	61	Long Beach, Cal.	54
(5) St. Louis	67	Bridgeport	66	Elizabeth, N. J.	57
(6) Los Angeles	68	Akron	68	Covington, Ky.	57
(7) New York	71	Springfield, Mass.	69	San Diego, Cal.	58
(8) Newark	72	Grand Rapids	69	Fort Wayne, Ind.	59
(9) Cleveland	74	Omaha	71	Portland, Me.	61
(10) Cincinnati	74	Salt Lake City	72	Oklahoma City	62

The year 1921 was a splendid one for babies. In these 573 cities 76 per cent had lower rates than in 1920, and with those of a population of over 50,000, 92 per cent had lower rate. The general health of the country was extremely good. There were no widespread epidemics. The respiratory diseases will probably show a very low figure when the statistics are available. But we do not believe that the results are due to these factors alone. Work for the health of the child is being organized and developed on broad comprehensive principles. And again we would emphasize the statement of Sir Arthur Newsholme, "Infant mortality is the most sensitive index we possess of social welfare."

THE CHILD HEALTH RAILROAD

GRACE T. HALLOCK

TO make a map of Healthland one must journey within the enchanted boundaries of the imagination. In the Children's Clinic of the University of California, San Francisco, children waiting their turns with the doctors are going on that journey. They have for a guide a birdseye map of Healthland from the Healthland Flyer folder published by the Child Health Organization of America. For terra firma there is sand in a kindergarten sand box.

Sally Lucas Jean, Director of the Child Health Organization, was in California during the winter surveying the newer methods of Health Educational work in schools and clinics that Mrs. John Collier, a former Associate Director of the Child Health Organization, is carrying on in cooperation with the San Francisco Tuberculosis Association. One morning she watched the children in the University of California Clinic working on their relief map of Healthland.

The first stop on the railroad map is Bathtubville. This, according to the information for tourists in the folder, "is known and visited by every man of eminence," and there is "no extra charge for stop-over." The little children in the Clinic constructed Bathtubville from bits of damp clay. The older boys and girls lettered the sign so that other travellers on the road might know just what point they had reached on their journey. They were doing this for all the stations.

Some of the children were creating Orange Valley with real oranges. At the same time they learned from the folder that "Orange Valley, commonly known as the Valley of Delight, is a favorite winter resort." From it "daily excursions to Fruit Juice Springs" may be arranged. The tall milk bottle buildings in the "Model City of Milky Way" were being cut from paper and erected by the small children. This city, they could tell you, is "the capital of Healthland" and "is historically noted as the battleground on which the Coffee King was defeated. It is situated in the richest agricultural and mineral district of the country, and exports annually tons of lime, fat, sugar, mineral salts and other valuable products." Bookland Tunnel, that travellers in Healthland pass through on their way to Long Sleep Mountain, was built of real books.

Volunteers under the direction of Miss Helen Crawford assist in the Clinic every morning. One of them, on the morning of Miss Jean's visit, was showing some of the children how to plant spinach seeds in the relief map of Healthland. She explained that these would eventually grow up and become Spinach Greens. From the folder the children learned that "Spinach Greens" is chiefly known for its iron deposits and its salubrious climate. "Mothers bring their families here, as it has long been noticed that children grow more rapidly and

increase in weight in Spinach Greens and its neighboring villages, Beet-top Hill and Lettuce Woods. For this reason it is fast becoming a centre for sports." The volunteer told the children that if they wanted to transplant their gardens at home into Healthland, they must grow spinach and beets and lettuce and all the other green vegetables and eat them every day.

While all this building was going on the littlest children were engaged in "choo-chooing" the Healthland Flyer from one station to another along the route. There are four trains that run on the Healthland Train Schedule, the Red Cheek Local, the Healthland Flyer, Supper Express, and the Shooting Star Limited. The children were so fascinated with this adventure of creating Healthland that mothers had hard work to get their offspring started for home. "Aw, ma, just wait till we finish the Milky Way," or "We were just going to put water in Sparkling Creek," were heard in protest as time for evacuation of the Clinic arrived.

The picture in the Clinic was composed of the crisp blue smocks of the volunteers, sunshine, the happy faces of children, and the towers and groves and fountains of Healthland materializing in a sand pile. And most striking of all, was the realization that behind the intangible boundaries of each child's imagination a real picture map of the essentials of healthy living was being created to be a guide through life.

Teachers everywhere are finding the Healthland Flyer folder a valuable asset in health teaching. The folder gives the daily schedule of trains to Healthland, information for tourists, notices to travellers, and a birdseye map of Healthland.

The Daily Train Schedules.

7.00 A.M.		12.00 M.		6.15 P.M.	
RED CHEEK LOCAL		HEALTHLAND FLYER		SUPPER EXPRESS	
Bathtubville	7.00 A.M.	*Hot Soup Springs	12.00 M.	*Milky Way	6.15 P.M.
East Toothbrush	7.10 A.M.	†Little Meat Cot.	12.05 P.M.	South Omelette	6.20 P.M.
Drinkwater	7.12 A.M.	‡Egg Junction	12.15 P.M.	Brown Bread Woods	6.25 P.M.
Hairbrush Heights	7.14 A.M.	Spinach Green	12.20 P.M.	Butterwell	6.27 P.M.
Laughing Village	7.16 A.M.	Carrot Gardens	12.25 P.M.	Baked Potato Hills	6.30 P.M.
Orange Valley	7.30 A.M.	Rice Fields	12.30 P.M.	No. Stewed Prunes	6.40 P.M.
Oatmealo	7.35 A.M.	Buttermore	12.35 P.M.	¶Bookland	7.00 P.M.
Cocoa Crossing	7.50 A.M.	§Ice Cream Mt.	12.36 P.M.		
Butter Square	7.55 A.M.	Cooky Town	12.42 P.M.	8.00 P.M.	
Toast City	8.00 A.M.	Ostewed Fruit	12.44 P.M.	SHOOTING STAR LIMITED	
Toiletville	8.15 A.M.	Rest Haven	12.50 P.M.	McClean	8.00 P.M.
		°Play Meadows	3.00 P.M.	Fresh-Air Junction	8.20 P.M.
				Long Sleep Mt.	8.25 P.M.
				Dreamtown	8.30 P.M.
				Moon Harbor	10.00 P.M.
				Rising Sun	6.55 A.M.
				Healthland	7.00 A.M.

*Dining Car Service.
†Does not stop daily.
‡Stops any time on signal.

§Stops Sundays and holidays.
°Stops thirty minutes.
¶Parlor Car Service.

Among the notices to travellers is the statement that the Child Health Railroad needs conductors, engineers and telegraph operators, and that experienced Mothers, Fathers, Teachers and Nurses are preferred.

The Healthland map in the folder has been enlarged for classroom use. For a celebration of Milk Day in a school in McDonough, New York, the children colored the large map and put it on the wall. Then one of the older boys, representing "Healthland," and dressed in a conductor's cap and suit, called out the railroad stops. Each station was represented by a child in costume, and as the conductor called out the stop the child representing it recited the description of it given in the folder. "Milky Way" wore a white dress, "Drinkwater" had a flowing costume of soft green crepe paper, "Spinach Greens" had long green leaves pinned all over her dress, and "Play Meadows" wore a boy scout suit and carried a big carrot for a baseball bat and an onion for the ball.

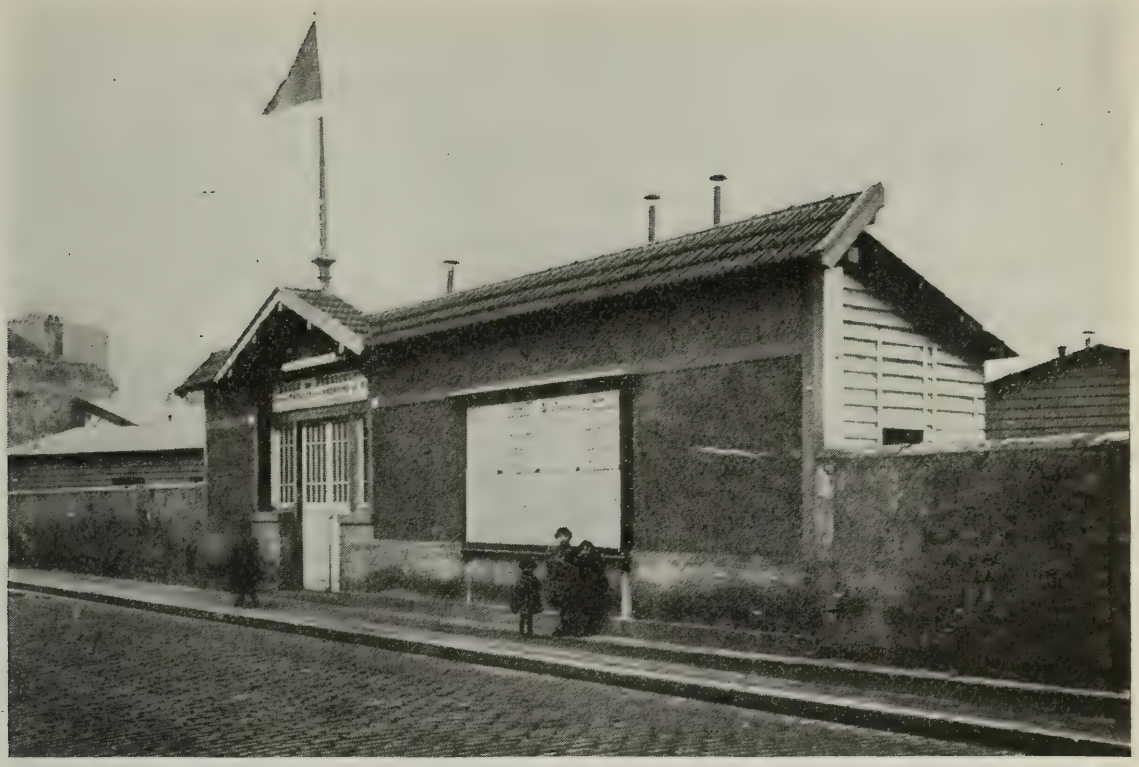
In a second grade room in a school in the Newton, Massachusetts, school system, Healthland was constructed of blocks on the floor of the school room. The streets were named after the health habits. For instance, the admonition "Eat Fruit" became "Apple Orchard Street" and "Go to Bed Early" was called "Sleepy Hollow."

Another use for the Healthland Flyer folder was developed in a Domestic Science class in New York City. A railroad track was drawn on a large sheet of paper and the students in the class were told that it was the road that ran through Healthland. Each week the girls learned to cook a new dish, and after the lesson the station represented by the dish was drawn beside the track. When it was finished this map of Healthland stood for the girl's knowledge of how to cook healthful food. One week they learned to make vegetable soup and Hot Soup Springs was entered on the map. Then came Rice Fields and South Omelette and Brown Bread Woods and Oatmealo and all the other dishes that the inhabitants of Healthland thrive on.

On the Child Health Railroad hundreds of children are taking their first trip into that enchanting country where the desert of dogmatic abstract health teaching has been watered by the warm sweet rains of the imagination. There the health habits assume the queer shapes and quaint names that are dear to the heart of childhood.

"If these little towns and pleasant meadows are Healthland, then I would like to live there forever," says the child.

"Very well then, you must learn the laws of that country and keep them always," replies the teacher. And so the child learns the health laws and obeys them, the teacher learns that the child's interest must be aroused before he can be influenced, and they all live happily ever after.



THE FRANCO-AMERICAN SCHOOL OF INFANT HYGIENE

Ecole de Puericulture de la Faculte de Medecine de Paris

B. WEILL-HALLE, M.D.

MEDECIN DE L'HOPITAL DE LA CHARITE, SECRETAIRE GENERAL DE L'ECOLE DE PUERICULTURE

THE School of Infant Hygiene—l'Ecole de Puericulture de la Faculte de Medecine de Paris—is a school to train doctors and nurses in the care of children, and at the same time to do preventive work through its medical clinics. The school was officially opened by the President of the French Republic, Alexandre Millerand, on the 30th of April, 1921. Professor Roger, Dean of the Medical College, and President of the Administrative Council of the School, greeted President Millerand in these words:

"Permit me, Mr. President, to express to you in the name of the Ecole de Puericulture our gratitude for the great honor which you have done us in coming here to open it. May I, in a few words, recall how the School came to be founded? It is a Franco-American enterprise, and to the Children's Bureau of the American Red Cross belongs the credit for having conceived the idea of establishing such an institution as well as for having made the initial contribution toward it. The School will stand as a lasting reminder of the sojourn of the American Red Cross in Paris. It was the desire of this organization

to found such an institution as this school which would assist in reconstruction from the health angle and help to combat infant mortality. After numerous conferences it was agreed that the American Red Cross would give one million francs on condition that France would furnish a similar sum. Then came an additional gift of half a million francs 'from the children of American to the children of France' to be used in the construction or installation of this School. This, Mr. President, is the origin of the Franco-American Foundation."

The School enjoys a large degree of independence. It has a special budget and is governed by an autonomous Council. It is, however, affiliated with the college of Medicine, the Dean of its Faculty being the President, ex-officio, of the School. Professor Pinard is the director, and Professors Marfan, Couvelaire and Leon Bernard direct the three principal services, assisted in this duty by numerous collaborators.

The School was opened for its first patient on January 11, 1920. Its object is to instruct physicians, students of medicine, midwives, and nurses at the same time that it gives hospital and dispensary service to expectant mothers and babies.

The Council of the University has granted to the School the right to confer a University diploma in Infant Hygiene upon medical students and doctors of medicine who have completed a long course in hospitals and clinics, who have received special instruction at the School in the social hygiene of children of all ages, and who have satisfactorily passed the required examination. Upon midwives and upon nurses the School may confer a diploma in maternal and infant hygiene, provided the applicants have devoted an entire year to the theoretical and practical instruction given by the School either in its own services, or in the services of affiliating hospitals. The granting of this University diploma to nurses is the first instance in France of recognition by the University of the existence of this profession which is still too little appreciated and which in the future, according to the quality of its members and their devotion, will constitute the most valued auxiliary to the physician in the campaign to better the conditions surrounding childhood.

The School is housed in a well built military barrack hospital, later called the Edith Cavell Hospital, in one of the most populous sections of the capital. Little by little the temporary barracks will be replaced by permanent buildings. The managers of the School decided to limit its activities to the supervision of the hygiene of infancy in this section. To this end, three clinics were organized, devoted respectively to pre-natal hygiene, to the hygiene of nursing mothers and babies, and to the hygiene of children of pre-school age. Visiting nurses from the office of the Director of Public Hygiene of the Department of the Seine were assigned to the clinics. These municipal nurses are informed concerning families enrolled to receive free medical assistance,

and concerning women beneficiaries of the Strauss law, which provides aid to women before and at child-birth.

The pre-natal clinic, under the direction of Professor Couvelaire, is open twice a week for pregnant women who are thereafter visited regularly in their homes.

The clinic for nursing mothers and infants is directed by Professor Marfan and his associate, Doctor Weill-Halle. It has had to increase its services from two to six hours a week. In every case breast feeding is encouraged, and if this fails, a satisfactory artificial feeding under strict supervision is provided.

In all the clinics suitable posters are displayed on the walls.

TEACHING THE NURSES.

The third clinic devotes two clinic hours each Thursday, which is the day when the schools are not in session, to the care of children of from three to five years of age. The determination of relative weight and height, the institution of an appropriate dietary régime, the establishment of supervised gymnastic exercise under the direction of a teacher, and the detection of children suspected of or menaced by tuberculosis are the different forms of activity which are carried out in this clinic under the direction of Professor Leon Bernard.

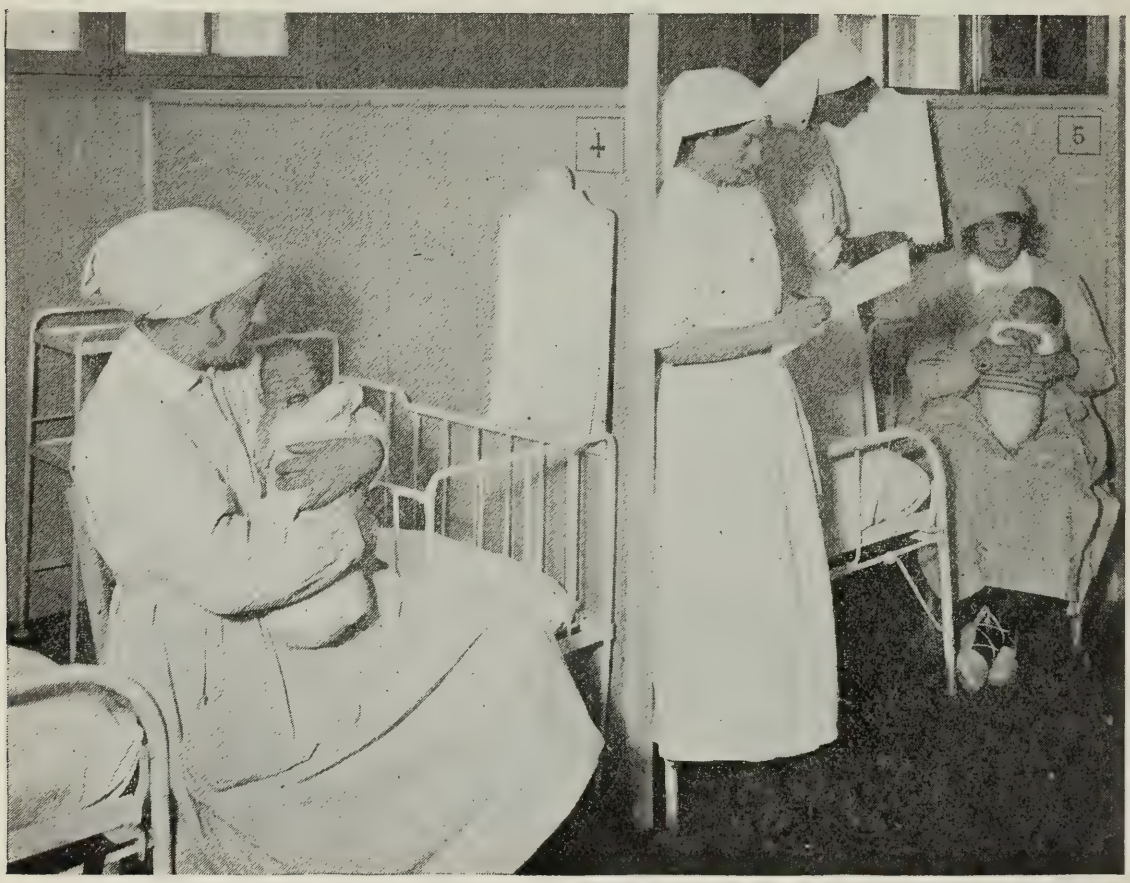
Those who apply for admission to any of the clinics are first seen in a reception room by a nurse who carefully inspects them and eliminates the sick, sending them to their own physicians or to a hospital. Those only suspected of illness are carefully examined by the clinic physician

who finally admits only those who come to seek advice in matters of general hygiene, as it is chiefly for this purpose that the School exists.

In connection with the clinics or the dispensaries, the following special services have been established:

A radioscopic outfit has been installed to assist in the systematic examination of children of school age;

A dental service is in use for simple dental treatments, fillings and extractions, the more complicated operations and those requiring repeated appointments being referred to other dental clinics.



HELPING THE BABIES TO GET A GOOD START.

There is a small ward for nursing mothers where a dozen such women having difficulty in nursing their babies can be cared for at one time and kept under constant observation. This ward is an excellent center of instruction in the technique of sanitary breast nursing.

The School buildings include a nurses' home in which live fourteen pupils from the provinces and from other countries.

A milk kitchen is maintained to demonstrate the preparation of milk and artificial foods for infants.

A large service for the distribution of milk is connected with the School providing for the free delivery of pure milk in the quantity required for each needy child under three years of age. This free

distribution of milk is carried on in two sections of the city through the School and under the auspices of the Municipal Council of Paris.

The work already accomplished by the School of Infant Hygiene is confessedly insufficient but it serves to demonstrate, in a limited field, what a health center for expectant and young mothers and babies should do. It is hoped that there will be many more such centers established. "This School," President Millerand said, "is at once a lesson and a seed. It is a work that should be carried out wherever there is need, that is to say, throughout France. It should be done simply and without too much expense, receiving when necessary, the aid and support of the Minister of Hygiene; so that the doctors and nurses to whom you have given this special instruction with so much devotion may carry forward that which they have seen, or that which they themselves have helped to create here."

One cannot better close this brief description of our School than in bearing witness to the fact that this institution already so productive of good results certainly would not exist at this time in Paris except for the initiative and generosity of our American friends.

CHILD WELFARE IN OUR HALF OF THE WORLD

Pan-American Conference, Child Welfare Section

DOROTHY KIRCHWAY BROWN

THE first "experience meeting" of the Pan-American Conference of Women, held under the auspices of the National League of Women Voters in Baltimore on April 20th, was devoted to the problems of child welfare. It was an awe-inspiring gathering. Instead of the small informal round-table which some of us had pictured when the conference was first planned, we found ourselves in a great hall with some twenty thousand other people—national and state and city officials, official delegates from twenty-two countries of the Americas, unofficial delegates from countless societies and groups in those countries, delegates to the convention of the National League of Women Voters, visitors from Maryland and elsewhere—and the flags of more nations than most of us dreamed existed in our hemisphere fluttering above us.

So our informal round-table became a great mass meeting, and when the official welcomes had been said, scarcely two hours remained to discuss child welfare in the Americas. Naturally only the barest outlines could be given. The presiding officer, Miss Grace Abbott, Chief of the Children's Bureau of the United States Department of Labor,

asked that each official delegate speak for three minutes on the most interesting recent developments in work for children in her country. The names of the countries were called alphabetically, and the delegates responded, most of them speaking in extraordinarily good English, and others in Spanish which was immediately translated into English by Mrs. Concha Romero James, the brilliant young interpreter who was sent to the Conference by the Y. W. C. A., and who contributed greatly to its success.

In recalling the rapid reports which were given, a few definite impressions stand out from the details of the story. The first is that in most of Latin-America, child welfare is regarded chiefly as a matter of child health. The achievements described by these delegates were largely in such matters as milk stations, dispensaries, baby clinics, tuberculosis clinics, day nurseries, school lunches; the greatest needs dwelt on were for instruction of mothers in infant and maternal hygiene, for better sanitation, and for other means of lessening infant and child mortality.

The second impression is that in most of these countries child welfare so far has been cared for chiefly through private charity, rather than through governmental agencies or legislation; that this charity has been of various kinds, financed sometimes by wealthy women, and sometimes by religious orders; that it has not been highly organized, and that it is chiefly confined to the large cities.

A third impression is that great emphasis is laid, in all of Latin-America, on motherhood; that large families are the rule rather than the exception, and that complete absorption in family cares is the lot of most married women.

The fourth and most obvious impression is that "child welfare" is not a problem by itself, but one so closely interwoven with many others that practically every speaker dwelt on the need for abolishing illiteracy in order that mothers of the poorer classes might be taught how to care for their children; on the need for giving women freedom and equality in education and in social and political life that they may take their proper part in educating and protecting children; and on the need for fighting the menace of prostitution and venereal disease—obviously appalling evils in South America, especially in its seaport cities—with their tragic effect on the lives and the health of children.

The whole picture, as it was painted by one delegate after another, was an inspiring and hopeful one. Even in the countries where women are most repressed and have fewest opportunities, modern methods of child care are being introduced. Recreation is here and there being provided for, child labor and compulsory school attendance laws are being passed, public health nursing, instruction of midwives, and countless other health measures are becoming realities. Obviously there are still mountains to be moved—especially in the countries where the

illiteracy rate is still high and in those where much of the population is rural and inaccessible—but both the faith and the intelligence to move them are now at work.

It is of course as impossible to generalize about the countries of Latin-America as about the world. It came with a pleasant shock to many of us to learn that Uruguay has illegitimacy laws as advanced as those of our most progressive states, school lunches, medical inspection, continuation schools, and other developments of the most modern and successful sort.

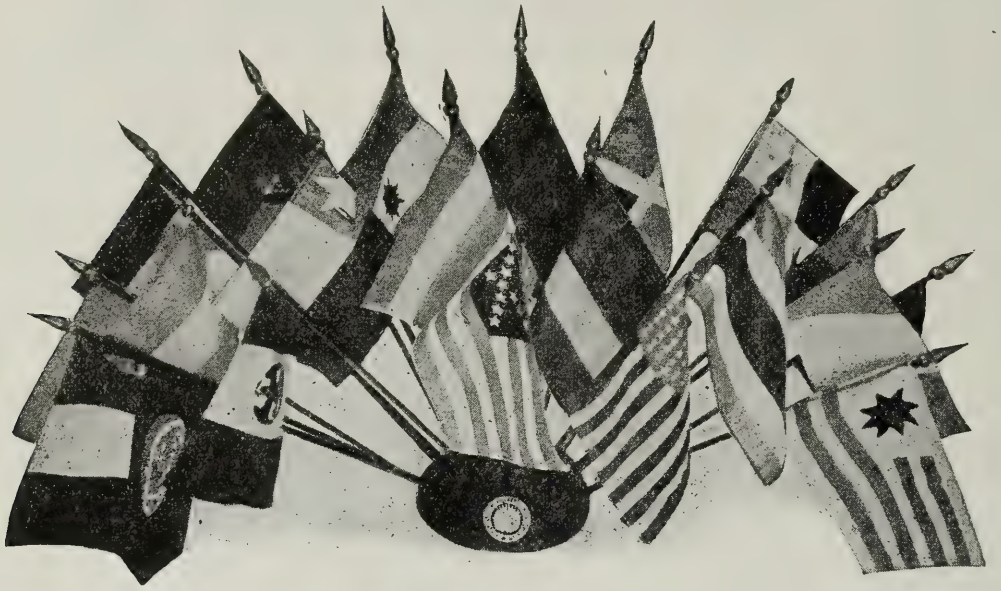
Mexico furnished another inspiring account of recent progress. Two delegates spoke, one representing the federal government and one the State of Taumaulipas. In Mexico City unusual work in feeding school children is being done, 142,932 breakfasts having been given out in one month this spring. Emphasis is being laid on the physical care of school children as a prerequisite to their benefiting by their school life. In Taumaulipas even more advanced work for children is being done. Enormous sums are being spent for education, nurseries and nursery schools have been established, shower baths, medical attention, dental clinics, playgrounds, free lunch rooms are supplied, instruction in infant and prenatal care is given with the aid of moving pictures, and milk associations organized by the wives of the milkmen furnish free milk to the children who need it. Obviously we have more to learn from our nearest neighbor than most of us realize.

The emphasis of the meeting was on children's needs in Latin-America, as was natural in a gathering of so many nations from the south; but the few short statements from the Canadian delegates—one representing the Dominion and one each from Ontario and Manitoba—showed problems exactly like our own and methods of meeting them which are like our best. Emphasis there is being laid on fundamental preventive measures such as mothers' pensions and public health nursing. The delegate from Manitoba reminded the meeting that no one had touched on the problem of dealing with the feeble-minded, which was one in which her community was especially interested.

After all the official delegates from South America, Central America, Canada, Continental United States and Porto Rico and the Philippines had been called on, brief accounts were given of the coming meeting of the Pan-American Child Welfare Conference at Rio de Janeiro, by Dona Berta Lutz, the Brazilian delegate; of the Second International Child Welfare Conference held in Brussels in 1921, by by Mrs. Vernon Kellogg; and of the achievements of the International Labor Office of the League of Nations in restricting child labor and in limiting the employment of women before and after childbirth, by Professor Carroll of Goucher College.

It was all a bird's-eye view—as Mrs. Park said in closing—did anyone ever before attend a meeting where in one hour and forty

minutes twenty-two women had spoken? But only by such a bird's-eye view could one see even the outline of what is going on simultaneously throughout two continents; and only by seeing this complete picture could we be made to realize how certain it is that, by working together, the women of our half of the world can make that half, at least, a fit place for our children to live in.



RURAL PROBLEMS OF CHILD HYGIENE

BARBARA H. BARTLETT

PROFESSOR OF PUBLIC HEALTH NURSING, UNIVERSITY OF MICHIGAN

THE problems of child hygiene in rural communities are more complex and baffling than the problems in the average large American city. Some may question the statement, and say that the problems of rural children are merely city problems magnified. In most places the word "rural" is used as an "isolated district," or often, in winter, as an "inaccessible section," and not at all in the sense of suburban country homes. Remoteness alone complicates and differentiates rural problems from those of the city.

Great distances are not the gravest factor in making the rural home inaccessible. Bad roads, telephones out of service, delayed mail deliveries and "busy seasons" all keep the farmer and his family at work and remote from their neighbors.

To some a mental picture of the average farm house in winter may bring thoughts of desolate waste, tiresome tasks, bleak winds, and physical discomfort; to others, memories of candy pulls, bob sleds, and skating on the pond in the back pasture. Actually, the banking is packed up against the house, storm windows are put on, and often

garments are tucked in the windows to take the place of broken panes. Tunnels to the barns, out-buildings and to the main road must be built when there are heavy snowfalls, and often neglected farm machinery stands out in the yard exposed to the rain and snow. Although there is a great expanse of land, there is often congestion and crowding in the house, and frequently the family is found huddled together in two sleeping rooms. From November to March the campaign against fresh air is on in the country, and both at home and at school the rooms are overheated. During these months contagious diseases are most prevalent, and sickness increases rapidly.

Despite physical conditions, there is in many farm homes a distribution of work which closely unites the family in a way that is rarely found in city homes. Homely little chores are performed daily by the children, and personal responsibility is distributed throughout the family. Moreover, few farm children grow up without having pets such as dogs, cats, calves and colts, and the mysteries of life are taught in a simple way when children own domestic pets. Most rural children look upon the woods and the out-of-doors as the child of the city streets looks upon the neighborhood gang.

And in summer the picture is more pleasant. Flowers and vegetable gardens are growing around the house and wee chickens, pigs and cows make rural life more interesting to the average child, while to the average on-looker life seems calm and peaceful. Rossetti in his poem on Summer said, "One day in the country is worth a month in town."

A series of studies made by the Federal Children's Bureau in carefully chosen agricultural states through various sections of our country showed the great need that there is for an active program of health education in rural districts. The war taught us a lesson as to the serious conditions in rural life. Thousands of young men who were regarded as able soldiers were found greatly handicapped because of physical defects and impaired health. It has even been stated that the war was fought by ribbon clerks from the city, rather than by young men from rural districts. Certain it is that soldiers who had attended school in large cities had had many physical defects corrected in the public schools, while young men from rural districts were found to be in an inferior physical condition because of bad teeth, poor eyesight, defective hearing and fallen arches.

The line of advancement in social legislation regarding child welfare in the United States has a most ragged edge. A decade ago emphasis was placed on laws which improved child welfare in our cities, and because of dispensaries and clinics, free city physicians, and even clinic specialists, we now have more health protection in city than in country life. Public health nurses take care of our city mothers and babies even if they are recent immigrants, and, with the exception of accidents

and suicides, the city death rate has declined. Recently, however, emphasis is being placed on laws regarding children in rural communities. The very fact that there is a Sheppard-Towner Law means that attention has been focused on maternal and infant mortality in rural sections. To those who are interested in rural conditions, many recent government bulletins will be well worth studying.

You may ask, as city people often do, why we concern ourselves with rural health and rural education. Historians and economists agree that a vital part of advancement in social endeavor is made by young people from rural communities. In 1910, 53.7 per cent of the population of the United States resided in rural districts; that is, in towns with a population under 2,500. This means that about 50,000,000 people in 3,000 counties are affected by conditions of rural life. Moreover, there are ten million school children today outside of urban centers. Think, then, what a vast army there is when we add to this number the country children who are under six years of age.

Probably the greatest problem to be found in developing an active program of health education in rural districts is the lack of medical care. In some counties the rural doctor is a thing unknown. The nearest town or city may have physicians who can be reached by telephone, automobile, or, in some cases, by railroad, but the country patient has always the disadvantage of fearing that the doctor will be away on a call or that for some other reason he cannot come immediately. Many times the city physician is delayed because of bad roads and lack of transportation. Where charges are made by the mile, as in some of the Rocky Mountain states, the cost is too great for the average farmer. A personal problem, which should be considered, is that most parents are loath to recognize the importance of prompt medical attention. In surveys made even in prosperous farming communities preventive treatment was given to the stock more often than to the farmer's wife and children. State veterinarians were sent for when blooded stock was sick, whereas the family in moderate circumstances would hesitate for days before sending for a doctor when a member of the family was ill with pneumonia, typhoid, or a contagious disease. A happy-go-lucky philosophy and indifference are not uncommon.

Another difficulty in rural child hygiene work is the fact that few counties have any special hospital facilities. State departments of health are just beginning to realize the need of travelling clinics and dispensaries which are proving a "God-send" to the rural community.

Another factor which predisposes towards child mortality in rural places is the lack of nursing care. Although many graduate nurses are now being trained for public health work in counties, for years to come there will be no nurse to go and stay with the rural mother when her child is ill. Even where a county public health nurse is secured, she can only visit the average family occasionally. She cannot predict

what illnesses or accidents will occur, and she enters the home in most cases at the direct invitation of the family. In one call she will try to give both nursing care, when such is needed, and health instruction. When sickness is present, she can actually perform a skillful service when she teaches the family what ought to be done. Simple, non-technical instruction is needed in every family, and to overcome the lack of knowledge found in the average home regarding the common ailments, many public health nurses doing county work have organized classes for the girls and women in "Home Care of the Sick" and "Personal Hygiene." The American Red Cross is still carrying on an active program of health education through trained teachers who are organizing classes in these subjects throughout the country. These courses should be encouraged by the medical, teaching and nursing groups, and additional instruction should be given in accidents and emergencies. First aid and invalid cookery courses are also greatly needed. In very few homes will there be found any member of the family who is naturally interested in, or who has had special preparation in, the care of the sick.

Some of the farm problems in hygiene can be corrected by a general program of health education for the entire community. So often rural parents have a wrong attitude regarding the necessity of medical or nursing care when ill. Many disapprove of hospital facilities unless the patient is at the point of death. School life and education are often belittled because they interfere with the activities of the farm. In some instances education is regarded by the parents, not as a necessity, but as a luxury for only the wealthy farmers. If education is declared a needless expense by a few rural people, some farming communities regard health education and preventive measures as silly and wasteful. At times, it seems as if farm women were wholly indifferent to their physical needs. Perhaps the actual pioneer and adventurous spirit which sends them to the farm has formed their code of silence as regards their ailments and illnesses. They agree with Dryden,

> "Better to hunt in fields for health unbought,
> Than fee the doctor for a nauseous draught."

Rural mothers often boast that they have never been attended by a doctor or dentist and claim to be in good physical condition when even a superficial inspection will show that they are neglected and are in immediate need of medical, nursing and dental care.

In planning a child welfare program, as in making a hat, the first thing to do is to look around and find out what material is available with which to work. So in county work, we must find out what social or private agencies are organized in that section which may help to develop our plan. County health officers, public health nurses, teachers, county demonstration agents, and such organizations as the Grange

and the Extension Department of colleges and universities, can be utilized for the richer development of rural child life. The survey should show what these agencies are doing and how they can help in establishing a rural health program. Selling health to children demands the active interest and cooperation of parents, teachers, physicians, nurses, and all workers in the community. The National Organization for Public Health Nursing and the American Red Cross, as well as other national agencies, have been doing a great deal to stimulate the demand for public health nurses for rural communities. The average public health nurse seems especially fitted for being a successful factor in this health campaign because she enters the home with more skilled knowledge regarding health than the average visitor. She is always acceptable to the mother because she comes with the desire to perform genuine service with her hands. Her interest in the child is not necessarily centered in his school life, nor in his home life, but in training the child in health habits so that he may become a better citizen. Because of her contact with the outside world, the home and the school, the public health nurse has manifold opportunities in the average rural district.

The greatest asset in keeping children well is the establishment of health centers where mothers may go for advice given by well trained physicians. The rural health center is becoming especially popular in western states. Even if a health center is so remote that the average mother can visit it only once a month, a great deal of helpful advice can be given in that "chance visit." Baby's health habits may be outlined, patients may be referred to hospitals and minor ailments may be promptly treated, thus preventing serious illness. The Health Truck can accomplish a great deal in an educational way. When it arrives in a village, mothers bring their babies to be weighed and measured and talk over with the public health nurse the problem of health habits and normal development.

It is most essential that any social or health worker in county work should have a sympathetic understanding of what farm life means. The instructions given by a public health nurse to an expectant mother, for instance, must be both practical and definite. The woman will willingly take a daily sponge bath at night if she is told that it is beneficial to her health during pregnancy. In case of morning sickness she welcomes the suggestion that a hot drink and crackers taken before getting up will help. In these days of thermos bottles and icy-hot jugs, cocoa, coffee or tea may be prepared the night before, and with some crackers placed in a napkin, be near at hand when the mother wakes. Other topics which need skillful knowledge and tactful directions by trained workers are clothes, food, labor-saving devices and household budgets. No two rural communities are the same; each will have its special needs and its difficult problems.

The rural school still offers the greatest field for public health nurses, doctors and dentists. More children are found with physical defects in farming communities than in towns and cities. Handicapped as the school nurse is for dental clinics, and dispensaries for eye, nose and throat operations, she often becomes discouraged when urging the parents to have something done for their children. Trips to town, they argue, are happy events and a trip to the dentist is too dismal an occasion to spoil a holiday. Many adults have rarely visited a dentist except for an extraction, and must be told the importance of periodical inspection and the need of temporary fillings for their children's teeth. Children of pre-school age are in special need of examination and minor corrections. Since simple tests have been devised for children of kindergarten age there is no need of postponing the use of glasses for children until they start the first grade.

The physical basis of health work may, after all, be merely the most obvious approach to rural health problems. Mental hygiene is just beginning to secure an important place in the community health program. Group life, the importance of supervised play, and centers for recreation must be established as well as health centers and clinics. Play occupies a positive place in both health and educational work. Farm children suffer from loneliness as often as the rural teacher. During the war, statistics taken from army camps showed that farm boys reached a stage of fatigue sooner than city recruits when any form of activity required the action of the whole body. Some muscles were over-developed and other muscles were under-developed. Again, the city boys in army camps excelled in games involving mental alertness. From government surveys in the Department of Labor, and also in the Bureau of Education, we learn that farm girls lack ability to execute the actions which involve the use of the whole body. Instructors in physical education believe that games which involve free use of the entire body, or games which require precision of action, cooperative action or attention and mental exhilaration should be urged for farm girls and boys.

Another serious handicap in rural health is the subject of farm labor and the school child. All agree that daily tasks or chores are excellent for training children in responsibility, but farm work which hinders the growth and development of rural children is a serious problem. Among foreign tenants the school children often show physical exhaustion even in the morning sessions. When a growing boy arises at 4.30 a.m. to do his share of the milking and rushes home in the afternoon to finish the farm chores before dark, he has the evening for his lessons. Girls are frequently kept out of school for housework, or to help during busy seasons on the farm. Most farm girls accept as their own task the raising of chickens, as well as the care of the vegetable garden. The care of the milk, as well as endless tasks

in cooking, cleaning and sewing always await them. There are few modern conveniences in the home of the tenant farmer, and the boys and girls long for separate sleeping quarters, some rest period each day, and a little time for pleasure, reading, or for the development of some special enthusiasm. The home-made fireless cooker has given the farm mother a chance to enjoy the Sunday sermon. A great deal has been done since 1910 to improve rural conditions. State and different federal bureaus have been constantly at work to make the country a safe and healthy place in which to live. The United States Public Health Service has made a series of studies in rural sanitation that are most valuable. The Children's Bureau, in the United States Department of Labor, has completed a number of rural studies of maternal and infant mortality. The Bureau of Education in the Department of the Interior, and the United States Department of Agriculture are active in many fields. On the other hand, national organizations supported by private funds, such as the Child Labor Committee, and the American Child Hygiene Association, will always be interested and active in protecting child life. Country life will always stir the imagination and be the paradise of our dreams, because it offers a quiet dignity and a stimulation all its own. Rural people are developing a consciousness for organic unity in regard to country life and community activities.

AMERICAN DAY NURSERIES IN CONSTANTINOPLE

JANE HILL

CHILDREN'S day nurseries, which have probably reached their highest form of development in the United States, are being introduced in Constantinople by American residents of the Ottoman capital. The need for them grew out of the great influx of refugees, a large portion of whom are women with children, whose husbands have either perished in battle, died from starvation, or fallen victims to massacres.

When these women were fortunate enough to find work, the question arose—what to do with their little ones? So other women natives, equally in need of employment, agreed to look after them for a small fee. In order to keep the children quiet, and free themselves from as much annoyance as possible, these quasi-professional custodians administered opiates to their small charges.

Probably never have children been found in such miserable, filthy hovels with little light and less air.

In the "City of Refugees," as Constantinople Is Called.

An official of the Near East Relief called the attention of American women in Constantinople to the condition of the children. The result was the formation of an American day nursery committee.

Temporary nurseries have been opened by the Americans and competent nurses placed in charge. As soon as sufficient funds are available the facilities will be enlarged. At present, these American homes for refugee children really look very un-American with one exception: they are immaculately clean. Furthermore, the food is nourishing.

Here, one cannot expect much more than the barest necessities of life. An interesting example of how Near East Relief workers have to tax their ingenuity to provide even the necessities is illustrated by the way German sandbags were converted into beds for the children. These sandbags, made of well woven paper fibre, were designed by the Germans way back in 1916 to fill up the Suez Canal. When the presence of hundreds of thousands of these bags was discovered during the removal of supplies from a relief warehouse, the head of one of the day nurseries immediately asked for several hundred which she entrusted to sewing women to be made into hammocks, so that the children would have a more comfortable place than the hard floor to enjoy their afternoon naps.

These nurseries are in striking contrast to the cosy, attractive nurseries in America, which have juvenile furniture and lots of interesting toys for the kiddies to play with. However, the health of the children is safeguarded and that's the main thing, and their mothers are most grateful. Over two thousand children have thus been rescued.

MOTHER AND CHILD HEALTH TALKS

Number 6

Clothes for Children

ADELAIDE BROWN, M.D., San Francisco

ALL clothes for children must fulfill certain demands. They must be made of material that is easily kept clean, that is not too expensive, and that possesses some aesthetic value. And they must be adapted to the temperature, not to the calendar.

Warmth is best attained by a two layer costume with a band or waist, supporting garters and leg covering. This costume furnishes bands of air enclosed by nonconducting surfaces surrounding the body, and kept warm by body heat. A third layer may be added as an outdoor garment, which, in its turn, produces a heat layer and conserves the body heat. Weight and multiplicity of garments with constricting waists and tight arm holes mean cold hands. The framework of a child is elastic, easily constrained, and poor posture results from improperly adjusted clothing.

Cleanliness requires clothes that not only may be washed and ironed easily but that will also stand repeated washings. These standards are best fulfilled by cotton, linen and silk—less perfectly by woolen goods. As all garments for little children, infants and toddlers, must be tubbed daily, or at least three times a week, white is the most useful color.

When the personal taste of the adult can be shown, color, form and utility all come in. Applied to the child's costume the same general principles work out. Shopping with a general plan in mind rather than hit or miss purchasing makes for well-dressed children. Even play clothes should be selected on a color scheme. Either black shoes, stockings, hair ribbons and hat, or a blue or a tan color scheme is smart; but pink bloomers, a blue dress, a white hat, plaid socks and tan shoes show whim and not brain in the purchasing adult.

The question of expense is often the crux of the situation. Many capable home-makers today make their children's clothes, realizing that better material, and better allowances for growth in width of hems and tucks makes one dollar do the work of two. Shirts, under-drawers or combination suits, waists, stockings, and shoes are bought; but night-gowns, dresses, bloomers, white skirts, pajamas and blouses for boys are easily and reasonably made at home. The quantity of clothes provided also plays its part in expense. As a rule, too many rather than too few clothes are provided. Children grow rapidly and renewals are constantly necessary. Hence, an undue supply is extravagance.

A suitable outfit for a runabout of from two to six years of age would include four pairs of stockings; two pairs of shoes; three shirts;

two waists; six rompers (the Gertrudes may be shortened by taking out a piece in the middle and gathering the skirt onto the waist); six under-drawers; three white dresses (girl); three Russian blouse suits (boy); a white corduroy coat and later, a wool coat of a darker color; a sweater with sleeves, and hats to suit the individual taste.

For older children two koveralls with sleeves make play garments adaptable to any climate. For school, two corduroy trousers and six wash shirts are suitable for boys. For girls, four to six ginghams with bloomers to match greatly simplify the wardrobe and reduce washing. Three shirts, three waists, four under-drawers, four pairs long stockings and heavy shoes complete the costume, with a sweater and a reefer coat for out-of-doors.

Mothers must see to it that their children's clothes have no tight bands at waist, knee, arm hole or neck, as these restrict circulation and make cold extremities. Circular garters should not be tight if worn at all. Tight arm holes, restricting the freedom of the shoulder girdle and pulling down the shoulders are one factor in making the fatigue posture. The drag on the shoulders above throws out the shoulder blade below and results in the most common defect of posture in children. Side garters too tightly drawn up have the same result in pulling down on the shoulders. As to socks, if the knee is covered, its circulation is more even and it is probably less liable to infection.

Outer garments according to temperature may vary from a short sweater to a knitted garment covering the child from head to foot. A light sweater and a washable corduroy coat furnish garments not too heavy to run about in comfortably, while leggings are less cumbersome than knitted overalls. The sweater should always be worn over the indoor garments and reenforced by a coat if it is not enough protection as an out-of-door garment. It should be taken off when a child comes from out-of-doors into a warm house, for a constantly perspiring child is susceptible to colds. Moreover, the purpose of the sweater as an extra garment is defeated if worn constantly indoors.

Shoes are too thoughtlessly bought. Every mother should understand the general principles of shoe-fitting. Shoes should be full length, having a snug heel, spreading toe, and a straight line up the inner (big toe) side. Up to three years of age a spring heel is satisfactory, and after that, a low, broad heel. High shoes are better up to three years of age. The heels and soles should be watched to see how the child wears them. They can be easily built up by a metal peg or a strip of leather running from the middle of the sole in front to the middle of the heel. The child who runs over its heels and soles should have foot gymnastics. Running on the toes with the shoes off; picking up marbles with the bare toes; and tip-toeing along a carpet seam all tend to develop the foot muscles and to straighten wobbly ankles.

MOTHER AND CHILD

A Magazine Concerned With Their Health

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JULY, 1922

"Vital" Statistics

"If a boy has eight marbles and loses three, how many has he left?" None of us is too old to remember that "sum" in arithmetic. It interested us and we saw the point. For a nation, the number of babies born and the number it loses are facts of the greatest importance. They are an index of the progress and future of that nation. It is in infancy and childhood that the foundations for the health, efficiency and therefore, prosperity of the nation are laid. Figures dealing with infant mortality are the most "vital" statistics we have.

The American Child Hygiene Association has just collected from 573 cities in the United States their record of babies for the year 1921. The Association has succeeded in publishing this report less than six months after the end of the year and it has secured records from 89 per cent of all the cities in the Death Registration Area. As is pointed out elsewhere in this magazine, the rate is nearly thirteen points lower for 1921 than for 1920 and that, in the area covered, means a saving of 11,797 infant lives. Carry the estimate further. There are approximately two and a half million babies born every year in the United States. That would mean a saving of 32,000 lives for the entire country! There has been each year recently a practically steady downward trend in this infant mortality. There are two ways in which a community may lower its infant mortality rate. One is by securing more complete registration of births. The other is by preventing babies from dying. In the majority of these cities, the number of births reported has not increased in anything like the proportion that the number of deaths has diminished. Each year the Bureau of the Census checks up the completeness of birth registration in the Birth Registration Area, and we know the registration is fairly complete. We also know that there is an ever-increasing activity on the part of public and private organizations to teach parents that it is cheaper and easier to keep their children well than to care for them when sick, and how to keep them well.

There is always a struggle in almost every community to secure public funds for carrying on this preventive work. Suppose the newspapers of this country should

appear some morning with headlines "32,000 Lives Lost," or "32,000 American Citizens Starving to Death." The purses of the country would be opened wide and money would pour out without stint. Is it good public policy to spend the comparatively small sum necessary to teach child hygiene to the mother whose education has never included how to care for her babies, or is that a waste of money? Or does it savor of paternalism? The American Child Hygiene Association believes in such work and says, to paraphrase Patrick Henry, "If that be paternalism, make the most of it."

—PHILIP VAN INGEN, M.D.

The Americas and Child Welfare

The Child Welfare Section of the Pan American Conference of Women recently held in Baltimore, was of more than passing interest.

There is probably no one question which interests all the women of all the world so much as does the problem of how best we may care for, train and educate the children of our respective countries. In their devotion to children's needs, women are coming to have no real national boundaries and no racial feelings.

In the meeting of the representatives of the two continents of the western world it is to be hoped that a new kind of rivalry has been started, a rivalry in which each country shall exert itself to see which can do the most for its own children and the most for its neighbor's children. In the last analysis the world suffers when there is any group of children in any part of the world who are not receiving all the things that all of us desire for those children who are most dear to us.

There is no reason for any satisfaction in being the youngest and the richest and the happiest continents in the world unless we can give to the children of the two Americas more than other continents are giving to their children.

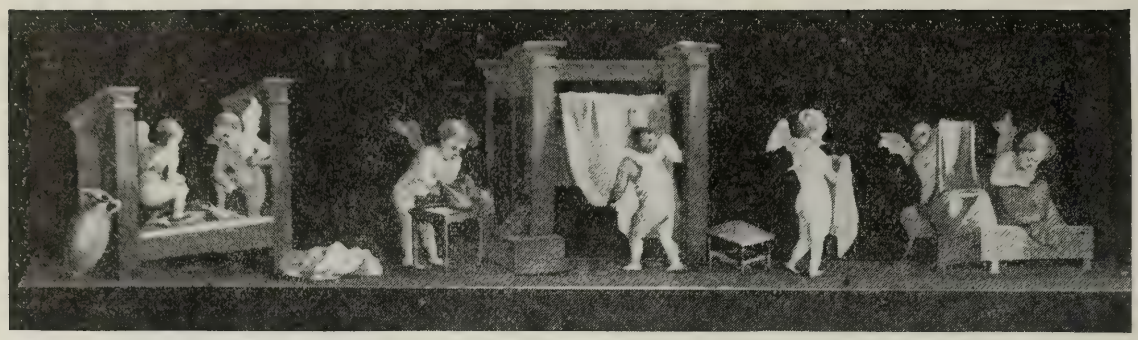
—GRACE ABBOTT.

Forthcoming Annual Meeting

Mr. Herbert Hoover, as president of the American Child Hygiene Association, will open the Thirteenth Annual Meeting of the Association in Washington, October 12. Doctor Alonzo Taylor will then act as chairman of the section on the Training in Nutrition Needed for Child Hygiene Workers. In the general public meeting that evening, Mr. Hoover will give his presidential address. The Association is to have the further honor at this time of hearing Sir Auckland Geddes.

Thursday afternoon the Pre-School Child will be discussed.

Friday morning's program is devoted to Private Child Health Organizations. At the same time, directors of both State and City Divisions of Child Hygiene will hold separate meetings. The section on Nursing and Social Work meets Friday afternoon. Saturday morning will be given to Maternal Welfare, under the chairmanship of Doctor DeNormandie. The Medical Session Saturday afternoon closes the meeting.



From Monumenta Pompeiana.

THE DAY'S WORK

SUMMER COURSES

The Massachusetts Institute of Technology is extending its summer courses this year to include instruction in Public Health and Health Education. Courses in Methods of Teaching Hygiene and Public Health in the Public Schools; Personal Hygiene and Nutrition; Sanitary Science and Public Health; and Elementary Bacteriology have been specially designed for teachers, for school nurses having teaching responsibilities, and for teachers of physical education who have classes in hygiene and public health. For those desiring to become laboratory technicians and for those preparing for more advanced studies in the public health field two additional courses in Bacteriology and Public Health Laboratory Methods are offered. The classes will begin July 10.

A course in School Nursing is being offered during the coming summer session at Pennsylvania State College. The course, which will be under the direction of Miss Anna L. Stanley, Supervisor of School Nurses, of the Department of Public Instruction, is designed primarily for school nurses. Applicants must be registered nurses, graduates of accredited training schools, with a four-year high school education, or, in cases of special qualification, with an equivalent preliminary education. The purpose is to acquaint the students with the kind of public health nursing which is required in public school work. Certain allied courses may be elected: Nutrition (required unless an equivalent course has been had); Principles of Teaching—Elementary; Diseases of Children; Principles of Sociology; Rural Social Problems; Psychology—General or Child.

PROGRESS IN MACON

Plans for the establishment of prenatal clinics have been adopted by the Child Welfare Council of Macon, Georgia. Three of these will be in different sections of the city and others will be at the Bibbs and the Payne Cotton Mills. Free examinations and medical advice will be given, and in addition there will be classes conducted by nurses, for young mothers.

At a recent meeting the Council

went on record as favoring the enactment of an ordinance providing for the training and examination of midwives, and prohibiting the practice of midwifery by the unqualified. (*Macon Telegram,* April 21, 1922.)

A COMMUNITY COW

The Church-by-the-Side-of-the-Road in Greensboro, North Carolina, has a community cow, rented out at one dollar a week to families in the congregation who cannot afford to buy cows. The proceeds are being saved to buy other cows, so that eventually there may be a community herd. (*Survey,* May 13, 1922.)

SAFETY EDUCATION

In 1920, a carefully prepared course in safety education was adopted in the Detroit schools from the kindergarten through the eighth grade. The topic is handled in connection with other subjects such as drawing, English and manual training. Bulletin boards are kept for newspaper clippings and other material about accidents and accident prevention; safety clubs have been formed, surveys of dangerous conditions at certain points have been made by the children; and school courts have been formed to handle traffic violation by the children themselves. The schools have received much assistance from the local civic organizations. The effect of this accident prevention work is shown by the reduction in the number of accidents to children in Detroit. In 1919, before safety education was introduced, the number of accidents to school children during the year was 96; in 1920, the number was reduced to 57; and in 1921, to 30. (*Safety,* April, 1922.)

PHYSICAL EDUCATION IN PLAY

The Playground Commission of Oakland, California, leases school properties in the city for a dollar a year, for use outside school hours and on holidays and during vacations. Over 50 playgrounds are so maintained on school grounds. The school buildings are also utilized by the Recreation Commission for classes in physical education and other subjects, thus securing a wider use of the school plant. (*Playground,* April, 1922.)

WOMEN'S CLUBS AT WORK

During Child Welfare Week in San Francisco, which was held under the auspices of the Federation of Women's Clubs, fully 600 children were examined by physicians, dentists and nurses. Included in the number was a large delegation of Japanese children. (*San Francisco Call,* April 22, 1922.)

KANSAS UNIVERSITY CHILD STUDIES

As a part of the service of the Kansas Bureau of Child Research, which has its administrative offices at the University of Kansas, Lawrence, the department of psychology of the University is offering the service of its clinics to parents, juvenile judges, and children's institutions, as far as time

and the facilities available will permit. To these clinics any children may be brought who appear to be mentally different from other children and examinations will be given free of charge. (*Bulletin of the Kansas Board of Health,* March, 1922.)

NEW MATERNITY AND CHILD WELFARE LAW IN NEW YORK STATE

The Davenport Bill for "safeguarding motherhood and protecting the health of infants and children," recently made a law of New York State, converts the existing Division of Child Hygiene into a Division of Maternity, Infancy and Child Hygiene, and makes available for its use (together with the amount in the regular appropriation for the Child Hygiene Division) the sum of $160,000. This is approximately the amount which would have been made available if the State had accepted the provisions of the Sheppard-Towner Act. The functions of the new division include the following: Making surveys and studies of local conditions affecting the health of mothers and children; giving advice to different localities as to providing adequate care for mothers and children to whom such care is not otherwise available; holding health consultations in the rural districts; educational work in the hygiene of maternity and infancy; supervision and training of midwives; prevention of blindness in infancy; and care of crippled children. (*Text of Law and State Charities Aid Association News,* April, 1922.)

DOCTOR BAKER'S CONCLUSIONS AS TO SCHOOL MEDICAL SUPERVISION

The conclusions drawn by Dr. S. Josephine Baker from her study concerning school health supervision are that the most important physical examination in the school life of the child is the one occuring at the time the child enters school for the first time; that a complete physical examination of each child should be made before the eight-to-ten-year period; that if the appropriation for school medical inspection is inadequate to allow a complete and thorough physical examination each school year, the officials in charge of such work are not justified in spending any money on physical examinations of the after-eight-to-ten-year group until the full health needs of the children below that age have been met; and that an annual test for defective vision is desirable. Finally, Doctor Baker concludes that, in the future, great emphasis should be placed upon the pre-school age period as the time par excellence when physical defects should be prevented or corrected. (*American Journal of Public Health,* June, 1922.)

NURSERY SCHOOLS AND HEALTH

Apropos of the point made by Doctor Baker on the value of the earliest possible examination and treatment of children is an article which appeared in *Health News* for April, 1922, on the Nursery School as a Child Health Agency.

"So far," the article says, "the

most forward-looking health work for children of the pre-school age appears to be the creation of Nursery Schools. In 1919, such a school was established in New York City by the Bureau of Educational Experiments. This school receives children as soon as they can walk and carries them until they are three years old, at which time they may be received in an affiliated school for children of from three years to Junior High School age. Both of these New York schools are experimental or laboratory schools, and so far as we know, the work conducted there is the best example of a comprehensive school health service to be found in this country. In England, such service was recommended as far back as 1908, but it was not until 1916 that the first Nursery School was established as a private venture. In 1918, under the Education Act, it was made possible to establish such schools from public funds.

"Thoroughly sanitary surroundings, proper food, rest, sleep, free play, fresh air, sunshine, other children of his own age to meet the needs of his social nature, oversight with wise and loving guidance, the prevention of the introduction of communicable diseases, a psychologist and a physician skilled in child psychology to study the child, advise the parents or confer with the family physician if there is one—these are the conditions under which the child may live from 9 a.m. to 4 p.m., during five days of the week. The answer to those persons who are troubled lest parents are being freed from, or deprived of their natural responsibilities is that they are not relieved of their responsibilities, but are being aided and shown how better to meet them. * * *

"Very many parents feel and regret their inability to provide an environment with the space, facilities, and material equipment needed for the free growth of their children; they have not the time to watch the child as he experiments with his little world; they lack the knowledge rightly to interpret signs, symptoms and tendencies; they are in doubt as to what is suitable food for him; instead of being able to guide him to better habits, punishment falls upon the child for his parents' lack of wisdom. He lives in an adult environment where he is called upon to respond physically, mentally and socially to situations in ways which are entirely beyond his powers. The environment cannot be adjusted to meet the needs of the child. These parents are willing to make great personal sacrifices in the interest of the child's well-being; they want to be better and wiser parents; and they welcome any practicable means through which they may learn how they can better fulfill their responsibilities. * * *

"In establishing the Nursery School, the aim has been to place the child in an environment planned, so far as possible, to eliminate the factors leading to the physical, mental and social handicaps which many children exhibit on their entrance to school, and

to observe him at an early age with a view to accumulating further knowledge as to the best conditions for development. * * *

A thorough medical examination of each child is made once annually with re-examinations as frequently as may be desirable and along all lines where observation should be made. Accurate measurements are taken and studies are to be made in proportionate development. Early symptoms of cardiac disturbances and of faulty conditions of the respiratory and digestive symptoms are studied; urine and stools are examined for defective metabolism, and proposed dietary changes are discussed with parents. The development of motor coordination, symptoms of fatigue and its causes, irritability and other expressions of maladjustment are being studied by the physician and psychologist who are in charge of the research work of the Bureau. During the period they are in the Nursery School, the children are under the immediate care and observation of an educator who has had much experience in this type of work, and who is the member of the group to whom the concept of such a school is due. Much information is secured informally and casually in connection with the current work of the school. A daily detailed record is made of each child.

"The Nursery School has its own kitchen, open air sleeping space, dressing room and toilet, roof garden and out-of-door shelter. The children's nursery is equipped with furniture, play apparatus and material to fit the needs of the individual child. Each has his own utensils, and right habits in personal hygiene are formed surprisingly early and are practised quite unconsciously.

* * * *

"To meet the growing demand for trained workers of more than ordinary ability in nursery schools, Teachers College, Columbia University, has arranged for courses to be given during the next summer session by Grace Owen, B. Sc. These courses will deal with the equipment and conduct of the modern English nursery school and with problems concerned with training and supervising teachers for the care of young children."

AN UNDERSTANDING MATRON

Writing of the change that has come over the correctional institutions in this country within the last decade, Miss Miriam Van Waters tells the following story which illustrates not only what can be done by freeing the energies of the delinquent girl into the channels of creative work but which proves also the sense of humor of at least one matron:

"Helen, aged fifteen, had run away from three institutions, had bobbed her hair, wore boy's clothes, smoke, drank and beat her way on freight cars. She had an irresistible sense of the comic and she had gifted hands. In the Kansas State School she was set to making original dolls. She

made them of cloth, of wood, and of paper. Their faces resembled those of the people she had met: porters,policemen, waiters, tramps, Japs, jugglers and matrons. She made rabbit dolls with human faces. Gradually as she sat day after day in her discipline room, for her language made segregation necessary, her dolls began to have a commercial value. She "found herself" and later when she was put in charge of a kitchen department her only gesture of independence was to hang a sign, which I am glad to state remained unmolested: 'No Slang Here, by Heck.'" (*The Survey, Graphic Number,* May, 27, 1922.)

CHILD HEALTH WINDOW EXHIBITS

Realizing the value of the child health movement as a commercial asset, the merchants of Columbia, S. C., emphasized child health in their window exhibits during the week of March 17th. A drug store had a "Keep clean and healthy" window, with a display of toothbrushes and other toilet articles, and dry goods stores showed children's clothing. One dealer exhibited a model home, with tuberculin tested cows in the pasture, and a playground for the children. In another window a canning demonstration was given by a home demonstration agent and her class. (*Columbia State,* March 17, 1922.)

"A ONE-DAY HOSPITAL"

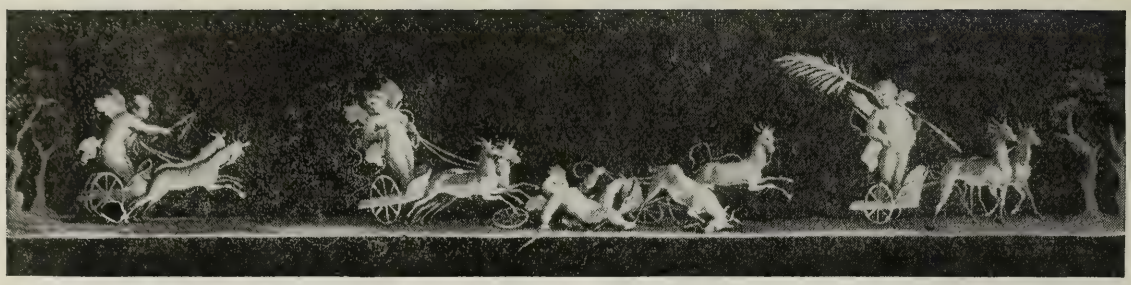
Through the efforts of the local physician and the women of the village, a one-day tonsil and adenoid clinic was held last summer in Dorset, Vt. An emergency hospital was equipped in the basement of one of the village churches, where a surgeon from Rutland operated upon eighteen small patients, brought in from the surrounding country. Parents paid what they were able, and the rest of the money for the expense involved was raised by subscription and given by the local Red Cross. (*Woman Citizen,* April 8, 1922.)

SPEECH DEFECT CLASSES

Classes for children with speech defects have recently been organized in the Philadelphia public schools. The work is being done by 16 teachers on a half-time basis. More than 500 children in the various schools of the city are receiving special instruction in classes of eight members each. The need of this instruction is so great, according to the supervisor of special instruction, that twice as many teachers could be employed for full time. (*Philadelphia North American,* March 2, 1922.)

CLINICS FOR WORKING CHILDREN

Weekly clinics designed to bring working children up to a higher standard of health and physical development have been established by a group of women members of the First Unitarian Church, Baltimore, in the Parish House of the church. The work has the indorsement of the State Board of Labor and Statistics, to which the children apply for their work permits. (Journal *American Medical Association,* March 11, 1922.)



From Monumenta Pompeiana.

THE FOREIGN FIELD

England

BABY WEEK CONFERENCES

A series of specialized conferences is to take the place this year of the regular national or international conference which is usually a feature of the National Baby Week Celebrations. This series of conferences will be held at Carnegie House, London, on July 3rd, 4th and 5th. The first of the series will appeal mainly to representatives of local health authorities and will deal with the advisability of block grants and with the position of the district nurse and the mid-wife in relation to public health services in rural areas. Representatives of health and educational authorities will discuss together what form of care, including medical attendance, should be provided for children from one to five, and how parents may be better trained in the care of older children. The question of whether resident homes for healthy babies and day nurseries are worth the money they cost will be discussed, and health visitors and superintendents of centers will take up the essential qualities for and the economic value of the successful health visitor. Medical officers of centers are to consider the ever-present problem of how far treatment should be undertaken at infant welfare centers, and the value and the part of the voluntary organization and worker in a complete maternity and child welfare scheme will also be discussed. The series of conferences will conclude with a mass meeting at which the subject under discussion will be, "Child Welfare in Terms of Pounds, Shillings and Pence." (*National Health,* May, 1922.)

CUTTING DOWN ON SCHOOL LUNCHES

A statement made in the House of Commons by Mr. Fisher, President of the Board of Education, in regard to the estimates of the new Education Bill, and a report of the discussion which followed it are contained in the *London Times Educational Supplement* for May 6. The new bill cuts the appropriation of last year about six million pounds. A reduction of 730,000 pounds is made in the amount appropriated for meals

for school children, on the ground that so great an expansion of this work as occurred last year is not properly an educational function. Mr. Fisher says: "Abnormal claims arising out of great waves of unemployment should be met from other funds." An important item in the bill is the proposal to raise the lower age limit for required school attendance from five years to six, making the attendance of school children between the ages of five and six permissible instead of compulsory as at present.

PHYSICAL EXERCISES FOR GIRLS

The question of what constitutes suitable physical exercise for girls is receiving considerable attention in England. A joint committee to investigate the subject was recently formed, which includes representatives of ten important organizations, among them the Royal College of Physicians, the Royal College of Surgeons, the British Medical Association, the Medical Women's Federation, the Private Schools Association, and the National Union of Women Teachers. The committee has addressed a questionnaire to members of the medical profession asking them to state what effects, if any, they have observed from the present system of physical education, including games and sports, on (1) unmarried girls over 12 years of age, and (2) married women. The doctors are asked to detail any departure from health they have noted which seemed attributable to physical education and to state whether their experience has suggested that there are any individual sports which should be modified or avoided altogether by girls in their teens. (*Manchester Guardian,* April 21, 1922; *London Times Educational Supplement,* April 22, 1922.)

SCHOOL OF HYGIENE IN LONDON

The sum of $2,000,000 has been offered by the Rockefeller Foundation towards the cost of building and equipping a School of Hygiene in London, with the condition that the British Government accept the responsibility of providing for the staffing and maintaining the school when established. The offer has been accepted by the Ministry of Health. (*Maternity and Child Welfare,* April, 1922.)

OPPOSITION TO BABY PRIZES

Dr. J. Holroyde, medical officer of health for the borough of Chatham, in his annual report for the year 1920, said that no encouragement is given at the Chatham Center to baby shows which are, in his judgment, an unnecessary waste of time and effort, and which divert the health visitors from their regular work. Their results generally lead to dissatisfaction on the part of the unsuccessful children. Motherhood, Doctor Holroyde believes, should be cultivated for its own sake; it is a duty to be inculcated, not manufactured for prizes; and

the object of a maternity center is not for the culture of babies for show. (*National Health,* May, 1922.)

DAYLIGHT SAVING AND HEALTH

The Board of Education has issued a memorandum on the effect of the Summer Time Act (daylight saving) on the health of school children. The opinions of local school authorities were sought on the subject and replies were received from 299. On the basis of the number of children represented, the authorities voted almost two to one in favor of the summer time. The Board points out that the Act confers no positive advantages on children as apart from the population as a whole, while on the other hand it sometimes does cause some aggravation of a really serious evil, namely, the widespread and injurious effect of lack of sufficient sleep among school children. The board is of the opinion that this aggravation is relatively slight and can usually be avoided by reasonable domestic care. There seems to be little doubt, however, that quite apart from the Summer Time Act, the large majority of children of the poorer classes do not get enough sleep. This is due to two causes—the ignorance and indifference of parents, who fail to send their children to bed at a reasonable hour, and the fact that in the poorest houses, separate sleeping accommodations for the children are not available and it is useless for them to go to bed in rooms where adults are talking.

India

THE EVOLUTION OF THE HEALTH VISITOR IN MADRAS

The infant death rate for the city of Madras for the year 1920 was 279.3 per one thousand living births. There is in the city a Child Welfare Scheme which was organized in September, 1917, and which works toward the reduction of this appallingly high rate. It has three infant welfare centers doing both curative and preventive work, which are operated on much the same lines as those in England. The evolution of the health visitor under the Scheme has been noteworthy. She has received such recognition that the Superintendent of Maternity and Child Welfare Work feels sure that the right kind of women can be induced to take up this work which has been so clearly and simply organized. (*National Health,* May, 1922.)

Italy

COURSES FOR PHYSICIANS

The Italian Red Cross, which has decided to make child welfare work its main peace-time activity, has established in Rome practical courses in pediatrics for young physicians whose courses of study were shortened by the war. Two courses of two and one-half months each are offered for 1922, open to physicians graduated between the years of 1915 and 1919, who live outside Rome. Each student attending will receive 200 lire from the Italian Red Cross to help defray his traveling expenses. (*La Pediatria,* January 1, 1922.)

France

MORE HEED TO HEALTH

The committee of the French Academy of Medicine, appointed by the Academy to make a study of the reforms needed in the secondary education system of France, has made the following recommendations: Limitation of the daily amount of time to be spent in study to eight hours; organization in high schools of games and manual training in addition to physical education proper; limitation of classes to 30 pupils and grading classes according to intelligence; lightening and simplifying the curriculum; extending the duties of the school physician to cover all matters relating to school hygiene; and the keeping of health records for each pupil. (*Bulletin de l'Academie de Medecine,* Feb. 28, 1922.)

INFANT MORTALITY INVESTIGATION

The Minister of Hygiene and Public Assistance and Welfare has ordered an investigation in several departments of France of infant mortality as related to depopulation. The investigation will require three months and will be made with the aid of qualified persons who are familiar with local conditions. (*Paris Medical,* April 1, 1922.)

Palestine

A MILK STATION OPENED

A milk station has just been opened in Jerusalem, in the Jewish quarter of the city where the sanitary conditions are especially bad, by Mrs. Solomon, wife of the director of commerce and industry. House to house visiting has proved that the people in the old part of the city live amidst deplorable sanitary conditions, and the purpose of this depot is to provide pure and sterilized milk for the children of that section. The depot has a doctor, a trained nurse and a probationer on duty, and will be run on lines similar to those followed by consultation centers and milk depots in Europe and America. It is hoped very soon to be able to increase the quantity of milk distributed and to provide for the requirements of a greater number of infants. (*International Record of Child Welfare Work,* March-April, 1922.)

Germany

ORGANIZED PLAY

The need for physical training for young people is at present being widely discussed in Germany. A bill has been proposed requiring public and private athletic societies to organize sports for boys and girls and to make participation in them compulsory. Supervision of sports by State physicians has been suggested. Health centers for examinations and consultations to promote hygiene in sports have been established by private effort in Berlin, Hanover, and Hamburg, and centers in other cities are soon to be opened. (*Munchener Medizinische Wochenschrift,* January 27, 1922.)

FEWER SCHOOL CHILDREN

The effect of the fall in the birth-rate in Germany during the war years began to be noticeable in the schools in 1921, when the children born in the first year of the war entered school. Statisticians have calculated that this decrease will be more noticeable each year until 1924, when the number of school children reaching school age will be at least 600,000 less than in 1920, the last year unaffected in this respect by the war. The loss to Germany of children of the age to enter school between 1921 and 1925, is almost one-fourth the present school population. The losses of this generation can not fail to have a lasting effect upon Germany. (*Deutscher Reichsanzeiger,* February 11, 1922.)

South America

Argentina

MOTHERS' CANTEENS

There are in operation in Buenos Aires five mothers' canteens, maintained by private contribution, where any expectant or nursing mother may receive two meals a day. There are no restrictions and no questions are asked. From January 1, 1920, to October 30, 1921, the number of meals served was 151,590. The services of a midwife are given without charge, and also clothing for the infant and medicines. (*Boletin del Museo Social Argentino,* January 25, 1922.)

Brazil

BUREAU OF CHILD WELFARE

According to information received by the United States Children's Bureau, a bureau of child hygiene has recently been create in the Brazilian State Departmen of Health, under the direction of Dr. Fernandez Figueira, President of the Brazilian Pediatri Society. The bureau is planning to establish child health centers. (*Bulletin of the Pan American Union,* June, 1922.)

Chili

PROPOSED MINISTRY OF WELFARE

One of the three planks in the platform of the Progressive Feminist Party, a new political body organized in Chile for the purpose of gaining all the rights claimed by women, is the founding of a ministry of public welfare and education, headed by a woman executive, to protect women and children and to improve living conditions. (*Bulletin of the Pan American Union,* June, 1922.)

Salvador

SCHOOL HYGIENE

The inspection section of the Education Department has urged the establishment of medical and dental services for the school children of San Salvador, and the present city government is preparing to incorporate service of this kind in the city schools. The municipality has already made a monthly appropriation for school lunch rooms. (*Bulletin of the Pan American* Union, June, 1922.)

RECENT LITERATURE ON MOTHER AND CHILD WELFARE

BOOK REVIEWS

A Text Book on the Nursing Care of the Expectant Mother, the Woman in Labor, the Young Mother and Her Baby. By Carolyn C. Van Blarcom, R. N. Published by Macmillan Company, 1922. Price, $3.00.

Now, for the first time, a book on maternity nursing has been written by a nurse from the nurse's standpoint and written with the patient's welfare always in mind. Miss Van Blarcom, formerly Assistant Superintendent in the Johns Hopkins Hospital, is peculiarly well fitted to write this book for nurses by virtue of her wide experience in teaching pupil nurses the practical and theoretical aspects of obstetrical nursing, and her extensive first hand knowledge of the conditions and needs of maternity patients in their homes, not only in cities but also in small towns and rural districts.

As the importance of giving good care to mothers and babies in their homes is being given increasing recognition, the need for nurses with adequate training and a warm interest in the work becomes very insistent. Miss Van Blarcom shows throughout her book her belief that the way to get better care for mothers and babies is to make the nurses see this work as such a fine and beautiful service that they will want to take it up. To this end she has flooded the book with an appreciation of the beauty and tenderness of it all, using Gari Melchers lovely pictures, and many fine quotations to infuse this spirit into the nurse even as she studies the necessary scientific aspects of the subject.

The book is technically and fundamentally sound, the information given being presented, not with the advice of one obstetrician alone, but with the assistance of several of the leading obstetricians in the United States and Canada. Hospitals were visited, details of work studied and a résumé made combining the various methods into a composite whole. The author has striven to widen the outlook of all nurses, and has proved that the underlying principles of obstetrical nursing may be stated in simple terms, even though a comprehensive grasp of the entire subject and a satisfactory technical skill would necessitate a detailed study of length.

The book is divided into seven parts, each part being clearly and logically developed and discriminatingly illustrated. The dominant theme throughout may be expressed in four words: Cleanliness in every particular to protect both mother and baby; Watchfulness for early symptoms of complications in either mother or baby; Adaptability to the patient, the doctor and the surroundings; and Sympathy for every mental and physical stress which the patient may suffer. It is shown that upon

these fundamental principles a satisfactory obstetrical nursing technique can be secured whether in the simplest home environment or in an elaborately equipped modern maternity hospital. Yet, in order to measure up to these simple terms effectively and in order to meet every situation with an undaunted assurance of rendering skilled aid, the nurse must be well grounded in her nursing procedures. To this end, Miss Van Blarcom has outlined in minutest detail nursing procedures based on physiological knowledge and technical education. She indicates known complications and danger symptoms; she includes as a requisite for good nursing technique a knowledge of the fundamental principles of mental hygiene and nutrition requirements; and she outlines the necessary equipment for satisfactory work. She has made a careful study of varying conditions in order that the book may be equally applicable to both urban and rural sections, and adapting her principles to the public health field, has endeavored to make good obstetrics possible whatever the economic status of the patient. This scholarly presentation of an old subject should be in the library of every nurse.

—HARRIET L. LEETE, R. N.

The Physical Growth of Children from Birth to Maturity. By Bird T. Baldwin, Ph.D. University of Iowa Studies in Child Welfare, Vol. 1. No. 1, June, 1921. 411 pages. Price, paper $3.00; cloth $3.75.

The sustained and widespread interest in the nutrition of children and the use of the weight-height ratio as a measure of nutrition have focused attention on the incompleteness of our knowledge of the physical development of children and on the inadequacy of existing standards. In this book Doctor Baldwin has given all students of the health problems of childhood a most important contribution to the subject. It is scientific in point of view and in its general methods. The book includes average measurements of a dozen traits for each sex and for some eighteen age periods as well as the coefficient of correlations between many of these measurements.

The book is divided into seven parts.

Part I is discussion of anthropometric measurements, including a detailed and complete discussion of the best instruments for the work and complete instructions for the use of the instruments (with illustrative figures). This is very helpful to those whose training in anthropometry is limited. A clear understanding of these necessary preliminaries is essential to the maximum usefulness of the book.

In the discussion of the physical growth of boys and of girls in Part II much use is made of individual growth curves and of the coefficient of correlation.

In successive parts the author gives an interesting addition to the much discussed question of physiological age, reviews the literature on physical growth and measurements, and has arranged the average weights and heights

collected in various investigations in the United States and foreign countries with references to the articles or books in which the studies were published. He gives an annotated bibliography of the literature on the subject, which is a very useful feature to all students, he provides tables for converting metric units of measurements into the corresponding imperial units, and gives a "Practical Score Card" for use in judging the development of children.

Doctor Baldwin's work is a valuable addition to the literature on a subject that is receiving more and more attention in the scientific world as well as on the part of those who are engaged in hygiene and education.

—TALIAFERRO CLARK, M.D.

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EXCHANGES—A PARTIAL LIST

In addition to the following list various State and City Health Departments send their bulletins. Others will be welcomed.

UNITED STATES

American Journal of Nursing, Rochester, New York.

American Journal of Public Health, New York City.

American Journal of Sociology, Chicago.

Better Times, New York City.

Bulletin of the National Tuberculosis Association, New York City.

Child Welfare Magazine, Philadelphia.

Childhood, New York City.

Civic League News, Baltimore.

Journal of Home Economics, Baltimore.

Journal, National Education Association, Washington, D. C.

Legislative Reports of the National Health Council, Washington, D. C.

Mental Hygiene, New York City.

Nation's Health, Chicago.

Pan American Bulletin, Washington, D. C.

Public Health Nurse, Cleveland.

The Survey, New York City.

State Charities Aid Association News, New York City.

Social Hygiene Bulletin, New York City.

Visual Education, Chicago.

The Volta Review, Washington, D. C.

CANADA, from Toronto

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The Canadian Red Cross Society, Library Bulletin.

The Public Health Journal.

Social Welfare.

ENGLAND

National Health, London.

Nursing Notes and Midwives Chronicle, London.

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FRANCE

La Revue de L'Enfance, Paris.

BELGIUM, from Brussels

International Record of Child Welfare, Work.

Oeuvre Nationale de l'Enfance.

HOLLAND, Amsterdam

"De Schakel."

SWITZERLAND

Revue Internationale de la Croix-Rouge, Geneva.

The World's Health, Geneva.

Pro Juventute, Zurich.

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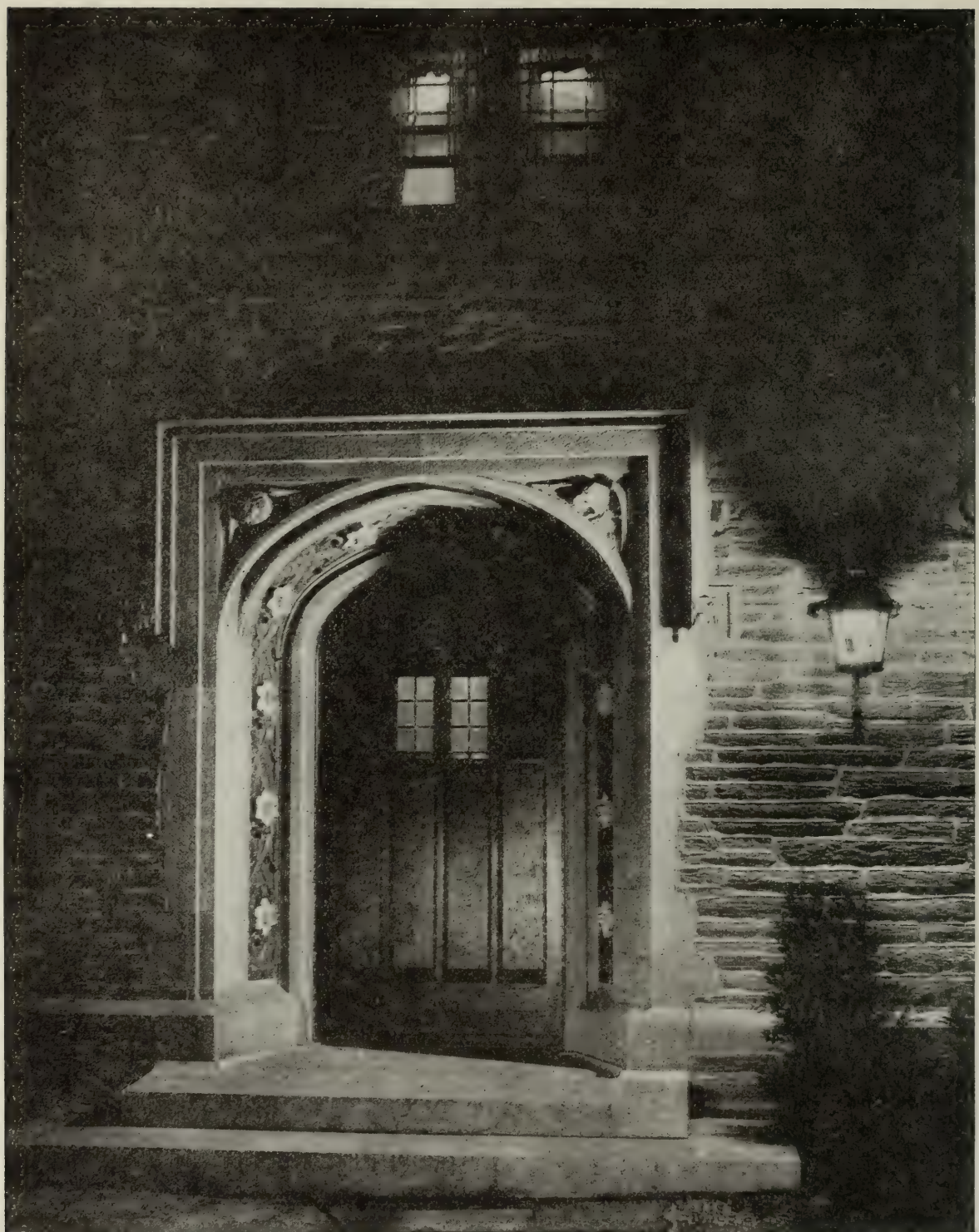

Courtesy of the American Magazine of Art.

A Carson College Cottage Doorway.

"Carson College believes in stimulating the imagination and cultivating the taste of its orphan girls. Even by night the lighting has been subtly studied to intensify this medium of unconscious education."

MOTHER AND CHILD

A Magazine Concerned With Their Health

VOLUME III AUGUST, 1922 NUMBER 8

WHAT KEEPS CHILDREN WELL

THE HEALTH PROGRAM AT CARSON COLLEGE

MARY K. WILLETS, R.N. MARY S. MAROT, RECORDER

CARSON COLLEGE for Orphan Girls, in Flourtown, near Philadelphia, is a college in the continental sense of the word. It was opened in July, 1918, for children between six and eighteen years of age, and there are now eighty girls there, the youngest six and the oldest sixteen. The country was chosen as the place for the institution, and small families were decided upon, with space enough in each cottage so that each girl had a spot all her own. Play space was provided in each house, and also in each yard, as well as the large common playground and the gymnasium. The cottages vary in size and in the number of children they accommodate. Each cottage has children of several ages. The bedrooms contain from one to four individual beds, with separate closets, bureau drawers, and boxes for clothing and for playthings. The rooms are large enough for the beds to be quite far apart, and in fact most of them are large enough for the children to do a good deal of rearranging of their furniture when they wish to do so. Window space is ample for ventilation and so situated as to allow currents of air. In the bathrooms each girl has her own place for towel and wash cloth to hang and dry, and for her tooth paste and brush.

Each of the eight cottages has a housemother, who has a very direct responsibility for the wellbeing of her group of children. She shares with the doctor and the nurse the care of her children's physical health; she cooperates with the teachers to make schoolwork and housework, kitchen and garden work, play at home and during school hours, all contribute harmoniously to each child's growth. That is, there is no one person who exercises the sole authority in making decisions concerning what is best for each girl. Miss Ueland, the president, and the trustees legally have this authority, but they exercise it only after consultations with those adults who are in daily contact with the child in question, and each housemother has a very influential voice in these decisions. In practice, then, authority for the management of each girl is vested

in a group. It is this group action, the staff cooperation, which is one of the secrets of the progress and success of this institution in the short period of four years.

The health program for these girls is planned to answer successfully the question: what are the conditions of child life, both physical and mental, that give the greatest drive, vigor and joy, the superabundant health to which children are entitled? The end and aim of the doctor's and the nurse's work is the promotion of health. The physician, Dr. Julia F. Skinner, reports that each year there

Courtesy of the American Magazine of Art.

THIS GROUP SHOWS THE PICTURE BOOK ARCHITECTURE.

have been fewer cases of serious illness, and that each month of this school year has shown progressively fewer minor illnesses.

Before a child is admitted she is given thorough physical and mental examinations so that the institution knows as nearly as possible with what conditions it has to deal. Each child must be vaccinated or show a reasonably fresh scar; she is given the Schick test for diphtheria and if susceptible is immunized; and she is not admitted to any of the cottages with the other children if she has venereal disease.

Each girl who is admitted is on probation until the institution is satisfied that Carson College is a place that is likely to promote her physical and her mental growth, and that she is a child who can take part in the social activities around her. When the child is accepted the institution becomes her legal guardian until she is

eighteen. Then, under the terms of the foundation, she must be discharged to earn her own living, and be her own guardian. The responsibility of the institution, then, is to educate each girl in health and body and mind so that she will be as ready as possible to stand on her own feet at that age.

The responsibility for the girls' physical health rests not only upon the physician, but upon the nurse, the housemothers and the teachers. Doctor Skinner periodically summaries the physical defects, then discusses the defect of each child separately with the particular

Courtesy of the American Magazine of Art.

THE MAIN ENTRANCE TO NARCISSUS COTTAGE.

grownups concerned, and they carry out whatever action is indicated. Last fall, for example, Doctor Skinner reported to the staff that eight girls had low blood counts, and advised certain corrective measures. These girls were given medication, or special attention as to food, sleep and exercise. All the children were specially encouraged to form good food habits. After six months all the undernourished cases were reported corrected. On the other hand, housemothers report to the nurse or doctor any abnormal affections and these are followed up by the regulation of life at home and at school, at work and at play. One child, for example, needs more sleep and less gymnasium work than her school schedule provides. With a flexible school program this can be readily carried out without

her feeling conscious of being different from the other children.

The physical examinations are repeated once a year. They include, in addition to the features mentioned above, a blood count and urinalysis, and examination of the eyes, ears, nose, throat, teeth, lungs, heart, abdominal organs, glands, and all bony structures. Every month the nurse measures and records the weight and height of each girl.

The nurse at Carson College is also the district nurse who has three public schools under her care. The girls entering Carson College have shown in the beginning an average underweight nearly as low as the lowest of the district school averages. Their present average underweight is but four per cent, a gain which indicates that the institution's health program cures the children as successfully as it keeps them well.

Great care is taken to have well-balanced meals with plenty of salads and other green vegetables, and fruit. A new child coming in, soon catches from the other children the habit of eating less sugar and starch and more green vegetables and fruit. The habit of drinking plenty of water and enough milk is one that newcomers have to be taught. A quart of milk a day is the average for each person, adult or child. This is high grade milk, from the institution's own cows.

The care with which colds are handled is doubtless responsible for the scarcity of many more serious diseases. Children having colds are watched and kept at home, being segregated as far as possible. The girls are made to feel that colds come from carelessness. There are few cases of tonsilitis, and these are light, because colds are given proper care and because nearly all the enlarged or diseased tonsils have been removed.

The children's resistence to disease is noteworthy. During an epidemic of influenza in the district there was one case in Carson College, when some of the public school classes had ten per cent absent from this cause. During a severe epidemic of diphtheria in the neighborhood there was no case among our children, although all had been exposed on the common playground and in Sunday Schools. As soon as any disease is recognized these contacts, on the playground, in church, and in Sunday School, are discontinued; and during an epidemic, riding on trolley cars and trains is stopped.

In 1919, the regular physical examinations of the children showed that about ninety per cent walked badly. They had weak arches, weak ankles, or their feet turned in or out too much. The examinations one year later showed that not more than two girls were still walking badly. Miss Cramer, the gymnasium teacher, did not accomplish this gain by formal exercises for the correction of each specific defect, but depended mainly upon arousing interest in the skilful control of the body through athletic games, apparatus and dancing.

One girl had an orthopedic defect,—round shoulders and underdeveloped shoulder muscles. She was given individual exercises to do

Doing Stunts on the Playground.

at home as she saw fit, with the explanation of what they would do for her. She had classwork twice a week and now after two years has straightened her shoulders and almost overcome her whole defect. She is so good an athlete that she is in training as a teacher of swimming in city playgrounds.

Few children resist the general enthusiasm for the gymnasium work. New children soon measure up to the standards of effort and performance set by their class, and unconsciously begin to overcome bad habits of posture. It is also well understood by the gymnasium teacher and by all other teachers and housemothers that bad habits of posture, and awkward and uncontrolled movements, depend as much upon mental as upon physical habits. Consequently the institution's policy is first of all to build up each child's self-respect, and self-respect, in turn, may be seen most conspicuously in children's posture. That Carson College is successful in building up good posture and good health in its children shows clearly when these girls are contrasted with other school girls.

One secret of success is the sharing of work by the children and the housemother. Each has her allotted part of the cleaning, the cooking, the dishwashing, the mending, the home garden, and so forth. This sharing of the work at home is a stimulating experience.

In the first place, it is taken for granted that everybody works, and the necessity for this is easily recognized. A division of labor is agreed upon in each family which best fits the strength and skill of its members, and part of this work changes at stated intervals to provide for variety of experiences.

No two cottages are exactly alike, either in size or in the number of children, and consequently each housemother has many problems which she must work out in her own best way. Certain standards are common to the institution as a whole—standards of workmanship, and especially standards of health. But there remains a large measure of opportunity for different methods and for originality in working out the home life of each cottage. The children take part in organizing their work. They know that organization is necessary in order to get certain work done before school, in time for meals, and in order to have time for play. The girls are proud of their skill, and appreciate promotion to a more difficult job. A skilful worker finds quick recognition among her mates, and an unwilling or a careless girl receives more quickly the scorn of her companions than the punishments of her housemother. In fact, real joy in doing good work is far more common than indifference to work. It is commonplace that everybody likes to work; and if a housemother finds any child who objects to work, she decides that there must be some unusual reason, which she thereupon sets to work to discover and remedy.

There are few girls who do not enjoy cooking and the privilege of getting a meal alone is a source of pride. Of course, except in the case of the simple breakfasts and suppers, this honor is not given to a girl often enough to make her feel it a burden. On the other hand, those girls who choose the work and are skilful enough, are paid for certain cooking jobs, such as staff suppers. The children's judgments about meals are sharpened by the fact that each cottage has a separate expense account and receives from the business office each month a statement of exactly how much it has spent. This account is compared with that of other cottages and the expenditures are discussed in conference by the housemothers and other persons concerned, and all helpful suggestions which the housemothers get at such meetings are brought home and shared with the children.

Each girl has a "clothing allowance" which she and the housemother manage together so wisely that the girls get a sense of ownership of the money, of freedom in the choice of clothing, and of responsibility for keeping within the limits of their allowances. Not only does economy in spending money and judgment concerning wearing qualities grow with this method, but thought in choosing also throws an emphasis upon getting good effects in color and form. A surprising amount of taste is shown by the girls in the clothing they select which is attractive as well as sensible. The grownups dress

attractively and simply also, and, although not much is said to anyone about clothes, pretty things are noticed. In the cottages form and color of spaces, walls, furniture and furnishings is considered carefully, as well as their cost, and the girls share in these discussions. In some cottages the children have helped paint chairs and tables; in others they have made the curtains and cushions. Participating in all these matters gives the girls not only a real feeling of ownership,

Working in Their Own Gardens.

but the comfort of belonging to the college; it brings a feeling of satisfaction which makes for poise and for health.

Carson College has its own elementary school which is an integral part of the children's lives. School and home work together, under the same supervision. Any fundamental changes or decisions about work, study or play are made for each girl by a group of those persons who have most to do with her. Housemothers are recognized as teachers, and some of them teach others than their own house children, either in school, or in some industry going on in their own cottages, such as dressmaking in one cottage, and the institution's laundry work in another.

Classwork in school undertakes to supply experiences which arise from recognized needs, though these needs are more distant than the

home activities which concern daily living. This recognition of a need or a lack in themselves, such as a need for drill in handwriting so as to be one of those chosen to write an invitation to a trustee, produces a drive for learning which no formal school program possesses. Last summer the oldest girls were prepared in a remarkably short time in several subjects which they had not before studied, so that they might go to a formal academic high school in a neighboring town. Carson College has not yet the facilities for a high school of its own, but the girls were old enough for high school and willingly submitted to a steady grind in formal subjects. They had learned by experience that anything they wished to do entailed work on their part, so the several hours a day of intensive study quite unrelated to anything in their lives so far, was gladly undertaken, and the results of their entrance tests showed that these girls were as well able to succeed in this, the usual, type of school study as girls taught in formal academic schools.

This institution's habit of pursuing activities which are related to fundamental interests, gives the children a strength of purpose, a feeling of power and resourcefulness, of continuity of experiences, of always going on, which provides not only a strong drive but a richer background, a more satisfying experience than other schools give. The result of the usual institutional method both in and out of school is to give the children the feeling of dependence upon grownups for suggestions, of waiting until told before beginning work, of doing work at all only to satisfy their elders. The mental and physical strain of compulsion is over the latter, and there is an almost complete loss of the productive, creative experiences and habits which grow up under the Carson College method. This method produces in the girls a strong sense of mental well-being, which reacts as a stimulus to their physical health.

The children's normal regular life is one of the main sources of the steadily increasing gains in poise and health during the four years of the institution's existence. Six-thirty is the average getting-up time. Bedtime varies with the age of the children from seven-thirty to nine, and this means in bed, not starting to bed. Exercise out-of-doors is assured not only by the desire of the children to play, but from the fact that school is scattered over widely separated distances. Different school activities go on in six of the cottages, making a ten minutes' walk for most of the children from their home cottage to their regular classroom, or to the assembly room, or the gymnasium in another building, or to their singing lessons in another. The children go out in all kinds of weather. Only the smallest who live furthest from their schoolroom stay at home for storms, and then only for very bad weather. Much school work goes on out-of-doors. Housework provides a good deal of exercise indoors, and gymnasium apparatus and athletic games are enjoyed both indoors and out.

Building up the children's resistance is the aim of every health measure which anyone undertakes. Each housemother was asked what, in her opinion, kept her children well. Their replies were surprisingly unanimous that the two most fundamental conditions which produce resistance are joy and a regular life. Year by year, month by month, the trustees, Miss Ueland, the physician, the nurse, and the entire staff, study the children at work, at study and at play, and make changes in their program which will more fully bring about the institution's purposes for the health of its children—the drive, vigor and joy, the superabundant health to which children are entitled.

THE FOREIGN MOTHER AND HER CHILD

A. LEVINSON, M.D.

TO do successful work among foreign or immigrant mothers and children one must have more than good intentions and a general knowledge of child welfare work. He should know the customs and characteristics of the people among whom he works; he should know the economic conditions under which they live; he should understand the special problems that confront them in connection with their children.

The Infant Welfare Worker can be of invaluable aid in helping the foreign mother to maintain the health of her child. The foreign mother, to a much greater degree than the native American mother, does not see the necessity of going to a doctor with a well baby. The nurse or social worker, however, can do a great deal to educate the foreign mother in this regard by frequenting her home and impressing upon her the value of general health measures in preventing a well baby from getting sick. At all times, however, the Infant Welfare Worker must keep in mind the peculiarities of the particular group in which he works. At the very least, he should have an acquaintance with the broad, general characteristics common to most foreign mothers.

In the matter of feeding the foreign mother can usually be singled out. She is a strong adherent of breast feeding, to such an extent, in fact, that she makes a fault of a virtue. The foreign mother likes to nurse her baby and she nurses it quite faithfully, but as a rule, too frequently and over too long a period. Many foreign mothers nurse their babies up to the age of eighteen months and more. The reasons for prolonged nursing among the foreign born are various. Some mothers consider it to the best interest of the child. If eight months of breast milk is good for the baby, eighteen months should be twice

as good. Some mothers nurse their babies for a long period to tide the baby over the much dreaded diarrhea of the "second summer;" and still others practice the prolonged nursing in the hope that it will serve as a preventive against conception.

The reason for frequent nursing is quite simple. The tired mother finds that it is the easiest way to quiet her baby—temporarily, at least. It is quite a common sight to see the foreign mother forcing her breast on the baby every time it cries. This kind of pacifying is much more common in the case of the breast fed than in that of the bottle fed baby.

Although a strict adherent of breast feeding, the average foreign mother starts her baby on supplemental feeding early in its life. She starts it on zwieback when it is two months old; she gives it potatoes at the age of three months and before the child has cut his first tooth he has had a taste of almost everything that finds its way on the table of the family. The strange thing is that some babies even seem to thrive on it.

The average foreign mother is inclined to overdress her baby. In her fear of underclothing it, she bundles it up in flannels and woolens. To prevent it catching cold she keeps it indoors the greater part of the winter, and bathes it as seldom as possible during the cold weather. One finds quite a variety of special protectors against the cold when one undresses the foreign child for examination. Sometimes it is a red chest protector, at others, a woolen stocking around the neck or a knitted shawl on the head. Occasionally one sees a child with several shirts on its body. The long abdominal binder extending over the chest is almost universally used by foreign mothers.

The foreign mother, like her mother before her, finds no necessity for special sleeping accommodations for her baby. Her baby sleeps with her all night and usually nurses all the night through. Sometimes the foreign mother becomes modernized to the extent of having an extra crib for the baby, a crib that takes the form of an automatic cradle that rocks the baby back and forth all night.

The foreign mother employs such interesting remedies on her child both in health and disease. Each nationality seems to possess a few distinctive "cure-alls." For instance, the Polish mother likes to give her child a little beer to make it strong; the Russian mother gives her child a few drops of brandy to keep it hardy; the Lithuanian mother gives her child teas made of various herbs to keep it well. There are certain local remedies that seem to have quite a universal appeal among foreign mothers. Among them are greasing the baby all over with goose fat, applying a compress of the mother's milk or even of urine to heal a wound, binding a stocking filled with ashes around the baby's neck, washing the child's mouth with honey, or rubbing its gums with garlic.

The child of the foreign parent may also exhibit racial and national characteristics from a physical and mental standpoint. The Italian child, for instance, is very strongly predisposed toward rickets. Whether breast fed or artificially fed the Italian baby is prone to get rickets. The Infant Welfare Station that acquaints the mother with the value of cod-liver oil in the treatment of her baby's rickets is doing a great deal to help the baby get started right. Babies brought over from Russia are very liable to malaria. When such infants and children run a temperature, malaria should be suspected and the proper medication given. Children of the Orient often suffer from trachoma. They should be examined and treated for this ailment. Worms seem to be quite a common cause of trouble in children born abroad or in children born of foreign parents here. One who works among immigrants should keep all these possibilities in mind. It is a well-known fact that weight and stature also vary with race and nationality. What is poor growth for one nationality may be normal for another. The same is true of the pigment of the skin. A complexion that indicates anemia in children of one race may be a perfectly healthful color in children of another.

The mentality of the foreign child or of the child of foreign parents also shows distinctive racial characteristics which can often be traced to climatic and cultural conditions. Generally speaking, the child of Southern Europe is more emotional and warmer-blooded than the child of Northern Europe, just as the child of Eastern Europe is more thoughtful and serious-minded than the child of Western Europe. One who works with a foreign group should take into consideration the racial background if he wants to understand the problems of the child of the foreign parent.

The economic problem, which is a great factor in infant welfare work everywhere, is especially acute in work among women and children in a foreign district. Among the outstanding features one finds the following:

1. *Mothers who go out to work.*—The foreign mother, especially the Polish, Bohemian and Lithuanian, very frequently goes out to do general housework. She usually does this in order to make ends meet, although one finds some women who work outside to add to their savings for a prospective return to the land of their birth. The mother who works, however, no matter what her motive, must leave her child in care of others. Thus one finds scores of babies distributed among several nurseries in the foreign districts of the city. In this respect one finds that the Italian and Jewish mothers form quite the exception. They would sooner go without actual necessities both for themselves and their children than give their babies over into the care of strangers. The infant welfare stations, however, are doing a great deal to combat the working evil among the foreign mothers, by arousing them to a

realization of the urgent need and the great value of the mother's personal care and supervision of the child.

2. *The poor housing conditions.*—One wonders that many infants of foreign born parents thrive as well as they do in the face of the poor surroundings in which so many of them are brought up. Frequently one finds two or three families living in a crowded house, of which one or two rooms are "let out" to boarders. A slight change for the better has been brought about through the untiring efforts of visiting nurses or social workers. By visiting the homes as often as they can and by reporting the worst cases to interested charitable institutions, they have done a great deal toward relieving congestion in houses where infants are found. A great deal more, however, is still to be done to make the home as healthful a place as it should be for the child.

3. *The large families.*—A great problem among the foreign born is presented by the fact that, as a rule, they have large families. Six or seven children under the age of ten are not infrequently encountered in families whose wage earners make but a poor living, a condition that makes things doubly hard for the baby who thus receives but a small share of the food and care it needs for growth and development.

The problems of the foreign mother and her child are both complex and manifold, but many of them can eventually be solved if one sets about the task with understanding and perseverance. A great deal of the hardship that enters in work among a foreign population is due to the fact that the workers are over-zealous in their attempt to make the immigrant over as rapidly as possible. First of all, one must make up his mind that it is neither advisable nor possible to try to Americanize the foreign mother in a few days or even a few months. The worker who possesses a knowledge of the language of the people among whom he works is at a distinct advantage. Infant welfare societies have recognized the value of this point and they are now beginning to assign foreign-speaking physicians and nurses to work among their own people.

The foreign mother can be rendered very amenable to instruction if she is treated with consideration and kindness. First of all, she must be understood. Most foreigners come from countries where the average citizen is afraid of an official, and many of the foreign mothers look upon the nurse or social worker, and even upon the physician as government officials who come to make an investigation in order to punish them afterwards. Sympathy, kindness and understanding are the most effective weapons for killing the foreign enemy—"official fear." As soon as the foreign mother is convinced of the good intentions of those who come to advise and assist her in the health problems of her child, she can be depended upon not only to follow the instructions herself but to spread their influence to her neighbors.

NOTES FROM THE NATIONAL CONFERENCE OF SOCIAL WORK

THE National Conference of Social Work, which met in Providence, June 22 to 29th, gave special attention to the preventive aspects of health work for the children of the country, as is shown particularly in the following brief abstracts of addresses by Secretary Hoover, Mr. J. Prentice Murphy and Professor H. C. Sherman.

THE WASTE OF HUMAN EFFORT IN INDUSTRY

Mr. Hoover, in speaking of the waste of human effort due to the wrongs of child labor, said:

"Every well-wisher of children must feel deeply the failure of the last effort in national prevention of Child Labor. A study of the situation as it stands will show that a majority of states have forward-looking and effective laws in child protection; that some others have enacted legislation that at least goes part way. But there is a minority that are still in the middle ages in their attitude to childhood.

"Child labor in these backward states is competitively unfair to industry in the states that have responded to the moral and social ideals of our people. But far beyond this, the moral and economic results of debilitated, illiterate, and untrained manhood and womanhood that must spring from these cesspools where child labor is encouraged and is legitimate, infect the entire nation.

"All of us would agree in the wish that the sense of local government and local responsibility in our country were such that each and every state would advance itself to the forefront of progress in this so vital a question. It would be far better for the future of the Republic if this were true, for I know of nothing more disheartening than the impulse and justification given to the centralization of government by continuous failure of local government in matters that affect the nation as a whole. With the growing population and growing complexity of our industrial and social life, the constant resort to Federal control for solution of difficulties will yet undermine the very basis of social progress by the destruction of the sense of local responsibility.

"However, if it is impossible to secure this necessary safeguard to our people by local government, I am one of those who consider the losses in our sense of local responsibility are less than the losses to the nation as a whole and if all else fails I stand for amendment to the Federal Constitution that will give the necessary power and authority to compel action in those states which are negligent of their responsibilities. Let us have our eyes open to the fact however that the necessity for so doing is a definite step in undermining the autonomy of local government, and the sacrifice in this autonomy that a few states are imposing on all the whole will only open the gates of en-

croachment through the Constitution every time some local social cesspool must be drained. It is with this thought in mind that I should like to suggest to you that a final effort be made to bring all states into line to abolish child labor. If that cannot be accomplished quickly, I regretfully join with those in favor of Federal action.

"Clearly, if economic waste is reprehensible, waste of child life whether viewed economically or in terms of common and universal betterment is a blight that in its measure is more deplorable than war.

"I have no need to argue the case and cause of childhood, but it may be worth recounting that our system of individualism can only stand if we can make effective the supreme ideal of America. This ideal is that there shall be an equality of opportunity for every citizen to reach that position in the community to which his intelligence, abilities, character, and ambition entitle him. I am a strong believer in this progressive individualism as the only road to economic, social, and spiritual safety and to human progress. Without this tempering ideal that America has evolved, individualism will not stand. There is no equality of opportunity where children are allowed by law and compelled by parents to labor during the years they should receive instruction; there is no equality of opportunity unless this instruction is made compulsory by the State. There is no equality of opportunity for children whose parents are not restrained by law from exploiting them, and compelled to give them participation in the beneficent privileges that the State provides for them."

HEALTH SUPERVISION OF CHILDREN

Mr. J. Prentice Murphy, of Philadelphia, spoke on "The Superficial Character of Child Caring Work," and dealt at length with health work and its importance in any program for child welfare. Mr. Murphy said, in part:

"Health work is vital to children. This is a truism, but surveys of the work of children's organizations up and down the land show that we are still a long way from providing a reasonable health supervision for the children in care. Now it is Connecticut, again it is Pennsylvania, or Delaware, or New York, or some other State, which produces acute conditions and which are so generally characterized by a lack of true medical care. There is a predestination in the lives of human beings which we constantly overlook, and good health in childhood is one of its determinants.

"Our health service for children must reach back into their families, for, again, parents and children are inter-related, yet to most children's agencies, the health of a sick mother, the thumping, limping heart of a father are unknown, or of no concern, if known. The forward-looking children's and family agencies are doing more and more health work, because through health there are opened up avenues of truly preventive work, of happiness promotion, excelling in importance pretty much

everything else that is done, and yet this health work forms but a negligible part of the total cost of the agencies in question. Child health clinics, workmen's compensation laws, protection of the health of women, have done more to protect children and to make children happy than have the child caring agencies. Nutrition is a vital part of the life of children and of their future efficiency—yet children's agencies are only skimming the surface of this vital subject.

"Our superficiality takes expression either in a complete indifference towards the thing we call social case work or a blindness to the difficulty involved in making a social case work program of general and profound application in a community. There would be never a protest to the application of social case work in its true essence—that sympathetic, guarded, considerate, thoughtful, penetrating understanding of a human being, and the attractions and the systems of this same person to restored independence or to happy normal and creative adjustments with the life about them. But this type of case work can only be realized from the abilities of the rarest types of human beings.

"One of the most serious defects in our philosophy as to what is good technique in social work centers about our failure to realize that the average man and the average woman are not capable of doing well all those things that enter into social case work in its highest form. We must, therefore, think out protective and preventive processes so that instead of talking about social case work for great masses of human beings we will emphasize the preventive elements in our lives and communities so as to free more and more people from needing the services of these superspecialists.

"We are extravagant, and therefore superficial, in the estimates we make of our own successes. The normal percentage of success for the whole community is discouragingly low; yet we, as a children's group, unblushingly claim percentages of 80, 90, and 95 for our cases. In view of the way we do our job, by what mysticism or chicanery is it made so successful? Helping children involves trained service. How much training do we get, and how do we get it? The almost general observation is that the entrance upon this amazingly difficult task of working with children is haphazard and a matter of chance. We fail to realize how interdependent we are; how, if our objects are to be achieved, we must work together.

"If religion, pure and undefiled, is to seek out all the hidden places in our lives, it must be through things still more fundamental than those that engross most of us in children's work. What are these things? They are health and education. Through them every destructive element that exists in life today is subject to attack and control.

"There awaits a mighty opportunity, in the field of truly creative social work in the public schools. Parents get their training from parents in childhood. There is no end to the evil of woe if we wait until their children become parents before we begin their training

process. Social work in the public schools—the new Eldorado! We want to re-vamp our projects of care as to the physically handicapped child, and to cease this institutionalizing of children who are normal mentally but whose bodies are distorted by pain. The more abnormal the body, the more normal must be the daily life. We need to take a sounder point of view as to the whole mental hygiene of children—not to say that every child must be 'psyched'—but to take from the psychologists the profound things that they have to give us and to apply them in our daily work so that all of the children, all of the people whom we reach, may be better understood. It is wild for those in the mental hygiene field to say that every child must receive the individual personal service and analysis of the trained mental hygienist. There are not enough such in the world to do the job for even a tiny per cent of the children living today. We need to think of how we can get over our idea of values. Which is the most important health promotion work throughout the community—good housing, good educational methods and good teachers; or a fine institution, or a fine Children's Aid Society? Why not have a scale of values so that the child caring agency won't be counted in the minds of the public as necessarily the best type of children's work? Let us get people out of the attitude that giving money for foster care necessarily means that children will be helped. Let us place higher values upon health and education; upon the good family caring agency; upon the good Juvenile Court; upon good recreational work; upon the well-run kindergarten; upon the day nursery that has a social vision; upon fresh air work that tides the children of the poor over the hot months so that their family associations and contacts need not necessarily be permanently broken.

"It is what happens ultimately and constantly within the family that makes or breaks our civilization. Let us come to see what children really are. Each day the world is made anew through its childhood; each day countless opportunities are offered to us through our children. Let us catch their love for the beautiful; their love of sport, of play, of art, of truth and justice, the delicate fineness of all their sensibilities and capabilities; the numerous creative resources they have within them; then let us use their talents for that newer, finer life which is the great objective of social work.

"The child welfare movement is engaged in a great fight. We are scattering our attacks. The fight can be won through concentration upon those conditions that are most productive of waste and neglect amongst children. There must be a transition from individual work to organized group or mass social work. It is so in medicine—it must be so in social work. These new concepts and acceptances of better points of view are needed because a great and serious discouragement is coming over those of us who are in social work. We fear we are not winning the fight; some fear we are losing it, and this element of

uncertainty is one of the great things that makes it difficult to enlist the enthusiastic and vital spirit of a marching army of youth. Civilization is racing toward a goal. The contestants are of two kinds—the reactionaries and progressives. It is a question as to who gets there first. If civilization wins it will do so through a healthy, educated, happy childhood."

FOOD AND HEALTH

In discussing the relation of food to health, Dr. H. C. Sherman, Professor of Food Chemistry at Columbia University, said:

"At the same time that the development of the science of sanitation and of food legislation and inspection have largely relieved us from anxiety as to the safety of our food supply, the growth of our knowledge of nutrition has made it quite plain that a freely chosen food supply, adequate both to please the palate and to satisfy hunger, does not always meet all nutritive requirements so as to insure the full measure of health which each of us ought to enjoy.

"An adequate food supply may be described as one which furnishes: (1) sufficient amounts of digestible material to yield when burned in the body the necessary number of calories of energy; (2) enough protein of suitable sorts; (3) adequate amounts and suitable proportions of a number of mineral or inorganic elements (the 'ash constituents' of the food); (4) enough of each of at least three kinds of vitamins.

"All four of these requirements must be met by any food supply which is to be permanently adequate.

"It was formerly common to illustrate the relation of food to bodily needs by likening the body to a steam engine. Somewhat better may the body and its food-needs be compared to a gasoline engine and its requirements. The digestible organic foodstuffs such as fats, sugars and starches correspond to the fuel for the engine; the proteins and some of the mineral matters to the materials of which the motor is made; other mineral matters to the lubricant; and the vitamins to the ignition sparks whose own energy is insignificant but without which the engine cannot run, however fine the material of which it is built or however abundant and appropriate the supplies of fuel and of lubricant.

"Now in practical problems of food supply we shall of course be dealing not with the individual chemical constituents of foods but with articles of food as we meet them in the market.

"A brief statement of the outstanding nutritional characteristics of the chief articles or types of food may therefore be helpful at this point.

"The chief types of foods may be grouped according to their nutritive characters from the standpoint of our present knowledge of food values as follows:

"1. Breadstuffs and other grain products—economical sources of energy and protein but not satisfactory in their mineral and vitamin content.

"2. Sugars and fats—chiefly important from the nutritional standpoint as supplementary sources of energy, although some fats are also important as sources of the fat-soluble vitamin.

"3. Meats, including fish and poultry—rich in protein or fat or both, but showing, in general, the same mineral and vitamin deficiencies as do the grains.

"4. Fruits and vegetables—varying greatly in their protein and energy values but very important as sources of mineral elements and vitamins.

"5. Milk—important as source of energy, protein, mineral elements and vitamins; the most efficient of all foods in making good the deficiencies of the grains and in ensuring the all-round adequacy of the diet.

"It thus becomes apparent why a dietary made up, as so many American dietaries are, too largely of breadstuffs, meats, sweets and fats may be satisfying to the palate and to the traditional demand for variety, may furnish ample quotas of protein and calories, with fats and carbohydrates in any desired proportions, and yet may be inadequate because of faults in its mineral and vitamin content. We now understand how it is that fruits, vegetables, and especially milk in its various forms, serve (in ways which until recently could not be fully understood and appreciated) to make good the deficiencies of breadstuffs, meats, sweets and most fats.

"In order to make proper application of our present knowledge of nutrition every food supply should contain such proportions of fruit or vegetables and of milk, along with other foods which may be cheaper sources of calories, that the eating of enough food to satisfy the appetite and the need for calories shall at the same time meet all other needs as well.

"If we could make our present knowledge of food values, and of the ways in which different foods supplement each other, so clear and convincing that everyone would follow it in the choice and use of food this would certainly mark one of the very greatest advances in the application of knowledge to human welfare.

"For good nutrition is an even larger factor in health, happiness and efficiency than we have hitherto realized, and our present knowledge of food and nutrition guides us not only in so planning a food supply as to make it adequate in all respects, but also in showing how a food supply which is already adequate may be made still better so that it will support a higher degree of health."

THE CLEVELAND RED CROSS TEACHING CENTER

ETHEL M. HANSON, DIRECTOR

NURSES in the many fields of public health are certainly among those who deplore the existence of the untrained mother and who recognize her as a very real and serious problem. It is fortunate that some of those nurses are being sustained spiritually by strong and inspiring advisers. It is due to women of such characteristics that the work of the Cleveland Teaching Center has been able to progress during the past three years of depression which have followed upon the close of the war.

The problem which is recognized by them is expressed in the Teaching Center Catalogue, by Mrs. John H. Lowman, the first Vice-Chairman of the Advisory Committee. "There is no reason why this woman (the untrained mother) should not receive training for her vocation, and every reason why she should. As a private individual she seems doomed to go around and around in a more or less vicious circle, and to cause and to endure all manner of preventable ills. Since she is not in receipt of money she is held to no standard of efficiency, is afforded no definite protection and is supposed to derive all needed instruction for the performance of her very important functions from the oracles of instinct, superstition and such chance particles of the 'accumulated experience of the race' as may reach her through example or by word of mouth. There are tens of millions of mothers that must assume the care of the young both in sickness and in health. The study of the proper method of caring for the sick and its practical application will lead the way towards a standard of efficiency in the vitally important sphere of Motherhood. Back of infant mortality, back of tuberculosis, back of chronic ill health and every form of defect of mind and body, stands as a preponderating cause the helpless, untrained woman, at once the cause and the victim of immeasurable woe. There is something wrong when the scheme of life and education does not distinctly provide for the training of the woman for private life."

The objects of the Teaching Center therefore are: To make at least one woman in every home familiar with the fundamental principles of health and the care of the sick; to secure better health for the residents of every community; to attain to better citizenship by means of a higher standard of good health; to secure a wider extension and more dilligent dissemination of public health education; to prevent disease itself and to check the spread of disease; to teach mothers the best methods of instructing their children in correct health habits; to properly instruct young women engaged in industrial and mercantile fields so that they may obtain a high standard of efficiency in good

health; to instruct young girls of high school age as to the best means of maintaining good health. If eventually that one person in the home who is responsible for the health and development of our next generation can be impressed with the fundamental principles of health and disease prevention, then and only then, can there be an elimination or, at least, an alleviation of the preventable ills that we are deploring and attempting to cure today.

It was at once our hope to reach women of every station in life—the one who has had advantages and the one who has not; the one who wants information and the one who is indifferent; the butterfly and the charwoman. The organization of the various groups into classes has been an uphill, but at the same time, an interesting process. To interest them has taken every conceivable form of publicity; and patience and perseverance have figured as two main necessities.

The cooperation of many interested people has contributed largely to any results that we may have attained. It has, in fact, always taken some one such interested person who is on the spot to get any of our classes started. Then, granted we have this essential person at hand, the classes must still be "sold" by those who are most familiar with them. This second person, naturally, belongs to the staff of Teaching Center nurses.

The groups are the more readily reached if they have heard of the classes time and time again, until they feel that in them are privileges of which they must eventually avail themselves. Being convinced that this is true, we pursue every form of publicity in order that the variety of groups may in some way know of the work of this organization before they are approached and appealed to in regard to the formation of classes. This includes moving pictures, newspaper articles and pictures, features for the house organs of factories and stores, magazine articles, wide distribution of our catalogue, health talks, health quotations, demonstration lessons, extensively distributed invitations to our annual meetings, as well as announcements of classes on our conspicuous bulletin board. Perhaps the largest piece of health work in the form of printed matter that we have undertaken has been the monthly health bulletin called "Real Living," and a folder containing the same sort of information which is a convenient size for insertion in pay envelopes. Of the former we publish 2,000 monthly which are distributed at our expense to factories, schools, the telephone company, and so forth, where they can be posted in conspicuous places. They concern one health topic, which we aim to discuss very briefly and to set up in a "catchy" way. Of the latter, we distribute 19,000 monthly, and with these we hope a health message penetrates as many homes.

To return to the matter of types of classes—this, perhaps, is the most interesting angle of our work. The variety of classes that each nurse must carry would indeed tax the ingenuity and resourcefulness

of the most clever instructor. Side by side with the instruction one gives to a class in a social settlement house must one develop work for the senior high school girl. With the former class the instructor must pick out essential points in health, the prevention of sickness and the care of the sick, and repeat and emphasize the points in order to be assured that the principles at least, have been gleaned. Sometimes, she can have an interpreter, but usually she must work out her own salvation. In the case of the high school class, she must work out the fine details for her pupils. She must know their former preparation, must be familiar with the school routine, and must be exacting in regard to note books, tests, and so forth, so that grades may be just and comparable with others in the curriculum.

This same nurse may be carrying two or three such schools, one such settlement class, and one or two mothers' clubs. The last require a happy medium in the way of instruction and are a very open-minded and gratifying type of class. Perhaps a list of our many groups will give a better picture of the diversity of our work. The following groups are not all being carried now, but they have been reached within the last two years: public high schools, parochial high schools, the College for Women, women's civic leagues, social settlement mothers' classes, Day Nursery mothers, French war brides, church women's clubs, Girl Scouts, women of the W. C. T. U., young women at the Y. W. C. A., selected groups at the department stores, factory employees, women at the International Garment Worker's Union, Convent of the Good Shepherd, Schauffler Training School and Kindergarten Training School.

Perhaps the most conspicuous work that has materialized has been that which we have been carrying since February, namely, groups of mothers belonging to the Congress of Mothers. Altogether, we have reached over 850 women with a health course of ten lectures which will in each case be followed by ten demonstration lessons which will cover the work prescribed by Washington and which will enable this large body of women to hold Red Cross certificates. The Red Cross had to make some very vital concessions, however, to insure getting the groups. It was necessary to divide the course, to give the first half of the work without cost to the women and to go to the school centers to give the work. This necessitated adding a fifth instructor to the staff and that the Chapter willingly did in order to try to reach our goal.

Another piece of work which is worthy of particular notice has been that with the Day Nursery groups. For the last two years the Day Nursery and Free Kindergarten Association has cooperated with us and the nurseries have organized for us classes of mothers who leave children at the nursery for care during the day. When the mothers return to the nursery at the end of the day, a supper is furnished them,

which in itself is a great educational feature. The children are given their supper and care during the class hour. After supper an hour is devoted to class and demonstration work. The interest has been amazing. Should any one of them be late from their work, they miss their supper rather than their class. The last class was a mixed one—black and white, American and foreign. This, however, had no deterrent effect. On the contrary, the women made new contacts and friendships which was most Americanizing for all concerned.

The goal of the Cleveland Teaching Center certainly will never be reached until we have brought to the many thousands of homes a greater intelligence about home and personal hygiene and until we are sure that the occupants of those homes are thinking intently of good health and what it really means to the individual. To this end, it is of course, the women of the home—the mothers and the potential mothers—that must be interested first of all. We are by this time assured that she can be reached eventually and consequently we are putting forth every effort to establish classes in many types of centers hoping thus to appeal to the many types of individuals that we have in our large city.

TEACHING HEALTH IN HIGH SCHOOL ENGLISH

ALICE ROSTETTER

HEALTH should be taught in the high school and in English. Why not? If we can teach anything we can teach health, for health is taught both by precept and example. You, the English teacher, are the example. Better an hour on the tennis court than a cycle, far from Cathay, of blue-pencil correction in your hall bedroom. Stand in front of your class with young skin and a twinkle, 70 per cent oxygen, in your eyes and you've begun to teach hygiene —by example. And the precept, the rule drawn up after serious discussion, let us say, of food values and the marvelous recreation of the body, is a thing all adolescents delight in. What more marvelous than their blooming bodies and what more arresting, more vital in the classroom than to discover how to eat your way to strength and beauty—or to class honors (if your mind be so inclined).

And, of course, like every other subject under the shining, or clouded, sun, the English room is the place, par excellence, to teach it.

And now—where? And how?

Well, of course, in composition rather than in literature, accepting for convenience this somewhat forced classification of all English. Though a skilful teacher, with her heart in the subject, could give a health slant to even a literature lesson. Occasionally! It would be ghastly to find an unsmiling devotee asking her class to "show how Brutus' lack of sleep interfered with his military success." But would this not be interesting to girls discussing, for example, "Pride and Prejudice":

Question: Would you like to go on a hike with Elizabeth Bennett?

101 per cent Answer: Yes, she liked to walk and her brain was full of oxygen and wit.

Or in studying Dickens, why not these composition topics: "Healthy Heroines," or "A Contrast of Dickens' Heroines and Those We Admire Today." This kind of question and discussion would be merely incidental, a fresh angle on old books.

It is in composition that health can be frequently and systematically "taught," for the subject lends itself to all sorts of approach and it is a topic that interests all pupils, whatever their I. Q. or their vocational interest may be. They are taking, let us say, a commercial course.

Topic: Health as a business asset; how to gain and keep it.

They are studying art.

Topics: Health and grace.

The Greeks: their games, their beauty and fair stature.

They are being trained to be dressmakers.

Topic: The slim silhouette, and how to eat your way to it.

A girl well-informed on diet could, with tact, give really helpful advice to her clientele in the days when she has built up her own business, her gown shop.

And then just look at the pupils as pupils. Why not once in so often point their interests by connecting them up with sound health rules. They are freshmen, little first-term girls, sub-flappers, entering the high school with very serious ambitions. Why not talk of health and its relation to success in studies. Connect up the seven hours in bed with the 50 per cent in French. Show that the gobbled breakfast gives mental indigestion, creates lassitude all morning. Later, in perhaps the second term, show the boy whose goal is the football team that he's got to cut out chocolate eclair and a soda as lunch; and why. Later, perhaps in the third year, when the girl is a flapper or a Lily Maid of Astolat—according to her disposition—talk with her, let the whole class talk, and discover that beauty is skin deep, that a clean, fresh skin is loved by man and boy, and even admired by women; and that this rich dower is hers if she follow Wise Diet, Deep Sleep, and Laughing Outdoors, these three. What a subject for composition! Then, when the girl or

boy is about to graduate into business and citizenship, you have your new angle:

A healthy employee.
The citizen with the sane mind in a sound body.
Health and your Sunday off.

Or, if your graduate graduates into college in what way is he or she different? All of these topics then offer another approach, another emphasis. With the noble dreams of the worlds of marvelous wisdom unexplored and waiting—all history, all language, higher mathematics, science (the young giant)—with all these awaiting them in college, what more encouraging than to discover in the high school class that a healthy person manufactures time as he breathes, that his twenty-four hours will hold more hours for dreams and study than the twenty-four hours of the anaemic.

And then, even in the drill work of our English, health laws may be our milieu. The English classes in the Washington Irving High School, of New York City, were competing this spring for prizes to be given for the best health epigrams. One teacher made this a departure for the study of style in sentences. In what way could the force of the brief, terse sentence be better appreciated than by summing up after a ten-minute discussion, in epigram form, the thing learned and believed? Here are some of the sentences; their "style" is a triumph:

Everyone enjoys a good film, but not on the teeth.
Your constitution demands a constitutional.
If you must cut, cut out candy.
A balanced meal makes a balanced mind.
A bath should be a habit—not an event.

If the subject is vocabulary study, why not casually insert a group of words like these:

Hygeia (Note: she was worshipped).
Hygiene.
Hygienic.
Unhygienic.

If the subject is paragraph structure, why not take sentences like those above and develop them by instances, or example, or cause and result, or—(See rhetoric book for any other type). The subject matter of these paragraphs is easily handled by the student and therefore the attention can be the more easily concentrated on the paragraph form, on the drill desired.

This is also true in teaching punctuation. Instead of: "Susie, please pass the pie."—(Rule: Use commas to set off words of direct address)—why not: "Susie, do have more spinach."

If special types of composition are being drilled, you can throw in an occasional health topic:

Narrative: A Day with Dempsey; or Training for the Fight.
The Spirit of Health and Mabel.
A Health Pageant.
Description: Before and After (by a spinach convert).
My Idea of a Healthy, Good-looking Girl (by a boy).
Argument: The City versus the Country, from the Health Point of View.

And training in exposition is inevitable in every one of these lessons.

And to touch on a phrase now in every pedagogue's mouth: the project. Only the poorly taught health lesson can fail of being a project if a project is a "whole-hearted, purposeful act carried on amid social surroundings." For enlist their interest and the pupils are whole-hearted; what so gay a subject as the perfecting of their bodies. Plan your act with a definite aim and follow-up, and your act is purposeful. And except on a barren island with a population of one it is impossible to improve one's health outside of social surroundings. Lead the pupils to desire to experiment; discuss (1) why they need a good breakfast before school, (2) what is a good breakfast; lead them to desire to try out a better breakfast for one week, or two; then let them check up the results as recorded in their success in studies.

The thing not only can be done, this teaching of health in the high schools, but it is being done, whether consciously or not, by precept and example. For if you are demanding too heavy home-work and do not care where or how it is done, if you do not teach proper conditions for study, you are educating the pupil negatively to know only ill health. Why not, then, make at least a minimum of health teaching a part of your planned work. Why not work out for your classroom or your department or, better still, for your school, a health syllabus. And why not give it the emphasis of official recognition by incorporating into all term examinations—especially those regents that bulk so large in the minds of the pupils—certain questions that demand a minimum of health information—not dry information, unfruitful in the lives of the students, but some such question as this:

"A friend of yours is preparing for regents and is afraid she will break down. Give her good sound advice, discussing these topics:

"success and your food,
success and sleep,
success and out-door exercise."

It sounds easy, that question, yet it tests.

Why, teaching health in English could become a religion. It is a necessity.

MOTHER AND CHILD HEALTH TALKS

Number 7

Clothing for Young Babies

ELLA OPPENHEIMER, M.D., WASHINGTON, D. C.

The clothing of young babies should be simple, light, warm, and non-irritating to the skin. It should be so made that it is easily put on and taken off, loose enough to allow free motion of the extremities, and adapted to the climate, season, age, and general condition of the child. The garments should be of such material that they can be readily and frequently washed, and it is more essential that they be comfortable than that they be covered with fine embroidery. Many fits of crying are caused by too tight or wrinkled clothing.

The following may be considered an adequate amount of clothing for the average new-born baby:

diapers	3 to 5 dozen
knitted bands	4
knitted shirts	4
flannel petticoats	2 to 4
nightgowns	3
white cotton slips	4 to 8
coat and caps	
long bootees or stockings	2 to 4 pairs
sacques	3
wraps or blankets	3

The fastenings of all garments should be tapes or buttons and buttonholes. Safety pins should not be used if it is possible to do without them and if at any time they are necessary they should be pinned at the side front of the garment, never at the baby's back unless they are needed to pin the diaper to the band.

Diapers may be made of stockinet, canton flannel, or birdseye. They should never be used a second time without being washed and boiled. It is necessary, in washing, to use a mild soap and to rinse several times. The use of a strong soap or soap powder and insufficient rinsing is a frequent cause of irritation of the buttox.

The abdominal band, usually made of strips of part wool flannel, is necessary only as a means of holding the navel dressing in place and should be replaced by a knitted band with shoulder straps as soon as possible. It is very important that the band should not bind the abdomen in any way.

Rubber bloomers may be used as a protection for short periods of time—they should, however, never be worn continuously, for they

prevent evaporation and retain heat, thus tending to irritate the skin. Moreover when they are used the need for changing the diaper is not so apparent and babies are often allowed to remain too long in an uncomfortable condition.

Knitted shirts of cotton and wool, or silk and wool mixtures are usually satisfactory—the proportion of wool varying with the climate and season. In cold weather both the knitted band and shirt are necessary. In warm weather the knitted band generally suffices.

Petticoats, if used, should be supported from the shoulder—they may be made of part wool flannel. Again, the proportion of wool varies with climate and season. In warm weather they are unnecessary.

Slips should be simple, of washable material and easily put on and removed. Lace at the neck or wrists often tends to irritate the skin and is therefore not desirable for continuous wear. Slips and petticoats need never be more than 28 inches long and may with safety be shorter.

Overclothing in the form of sweaters and wraps must provide for seasonal change—of wool or part wool in cold weather, silk, cotton, or some such material as cashmere in warm weather. The sweater is a valuable accessory as it is a simple means of adapting the infant's clothing to sudden changes of temperature.

Stockings are only necessary for the infant during the cold season—mixtures of wool and cotton, or wool and silk are desirable.

Night clothing for children may, in general, be similar to day clothing. Instead of a petticoat and slip, a simple wrapper of light flannel, opening down the front is useful. A large sleeping bag is a helpful adjunct for the older infant who tends to throw off the covers.

It is well always to bear in mind the fact that many more infants are overdressed than underdressed. Too much clothing often makes an infant restless and irritable, and interferes with growth. The amount and weight of clothing must necessarily vary with the season and the immediate environment of the child. The clothing of an infant in a modern overheated apartment should be far lighter than in a less well-heated home. Again, in hot summer weather the fewer clothes the better.

Simplicity, too, is a factor which cannot be emphasized too strongly. The trend is fortunately more and more in this direction. The less disturbance in dressing the infant the better. Dressing is necessarily a bothersome process from the infant's point of view, and means to shorten and simplify it are found to be advisable. A very ingenious set of patterns has recently been devised in which all the necessary garments are made in such a way that they fit each into the other, and the process of dressing the infant involves one maneuver only.

MOTHER AND CHILD

A Magazine Concerned With Their Health

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AUGUST, 1922

A Proposed Consolidation

"In union there is strength" applies to organizations interested in the health and welfare of nations as well as to political strength. It was this that some of those who were instrumental in organizing the National Child Health Council had in mind. During the past twelve months things of the greatest importance have happened. One of the most important of these was the Joint Survey in Erie County carried on by representatives of the organizations forming the National Child Health Council. It was a practical demonstration of how those interested in special phases of child health were benefited by the work and experience of each other.

As is mentioned in the following editorial, the Commonwealth Fund has made an appropriation for carrying on demonstrations of a complete child health program in each of three communities. This work is to be carried on jointly by the American Child Hygiene Association and the Child Health Organization of America.

And now a third and most important thing has happened. At a special meeting of the Board of Directors of the American Child Hygiene Association, held June 30th, in Washington, sixty-nine Directors voted in favor of an actual consolidation of the Association with the Child Health Organization of America. The Trustees of the latter organization had already expressed their approval and each organization has appointed a committee to devise a working plan for bringing this about. Each association will benefit from the experience and strong points of either if this much to be desired consolidation takes place. From the expressed views on both sides, there is every reason to believe it will occur.

Child Health Demonstrations

After careful consideration and consultations with a number of eminent authorities the Directors of the Commonwealth Fund concluded that the most helpful immediate contribution which the Fund could make toward promoting the health of children would be through financing, during a period of five years, a complete child health program in three cities, each of which shall be more

or less typical of a different section of the country.

These three cities will be helped with funds and advice in safeguarding the health of the mother-to-be, in laying a good health foundation for children in the early sensitive and formative period of their growth and in the health supervision and the formation of essential health habits of school children. The work will be so developed as to enlist the cooperation of physicians, public health nurses, school nurses, and all other individuals and agencies interested in health and child welfare in the communities selected. The interest and cooperation of teachers in the school health program are essential.

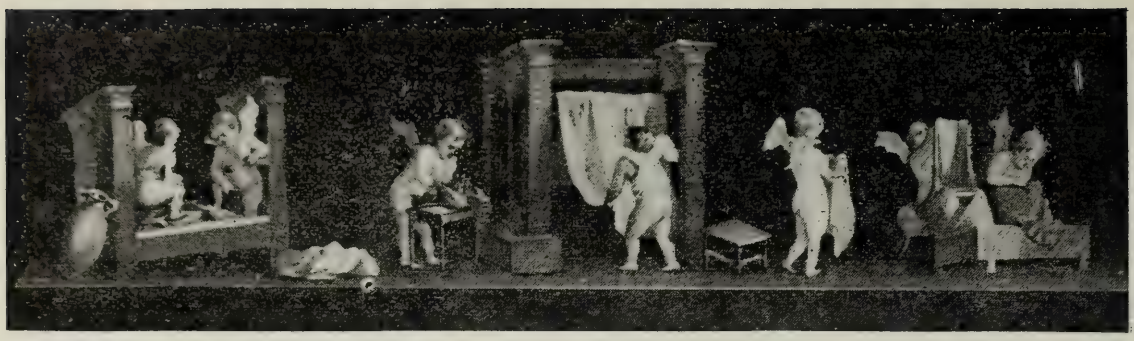
The responsibility for carrying out this new undertaking for the health of our younger children is placed upon the American Child Hygiene Association and the Child Health Organization of America. A joint committee will have charge of all general policies and plans. This committee consists of Philip Van Ingen, M.D., and Richard A. Bolt, M.D., of the American Child Hygiene Association; L. Emmett Holt, M.D., and Miss Sally Lucas Jean of the Child Health Organization of America; Livingston Farrand, M.D., and Mr. Courtenay Dinwiddie of the National Child Health Council; Donald B. Armstrong, M.D., of the National Health Council; and Mr. Barry C. Smith and Miss Barbara S. Quin of the Commonwealth Fund.

The committee, of which Mr. Smith is chairman, has decided that the first city to be assisted in developing such a complete child health program shall be selected from the upper half of the Mississippi Valley region. The other two cities in other sections of the country are to be selected after work has been well started in the first. The general qualifications which will determine the choice of the first city are that it shall be from 15,000 to 25,000 in population and have an infant mortality of approximately 100 per 1000 living births. The city must also show a desire to cooperate in the work during the five-year period and a reasonable prospect of assuming responsibility for carrying it on in the future.

The two organizations behind these three five-year programs are especially enthusiastic over the plan to make the results of the demonstrations available to every rural district, village and city in the country through a program of cooperation and education which shall be carried on during the period of the demonstration and thereafter.

The good that will result will depend largely upon two things; first, the extent to which all groups in the cities in which the demonstrations take place unite in developing practical community activities carried on through strong local organization such as any community in the country may follow, and, second, the extent to which state and national agencies are equipped to make wide use of what may be demonstrated in the way of measures that count most for good health.

—Barry C. Smith.



From Monumenta Pompeiana.

THE DAY'S WORK

THE NURSES' MEETING IN SEATTLE

Miss Leete has written from the West the following account:

The biennial meeting of the National Organizations of Nurses was held in Seattle, Washington, June 26 to July 1, 1922. The 3,000 nurses gathered there seemed to catch and to reflect the spirit of our great Western country, with its awe-inspiring mountains and the breadth of vision that they give.

All phases of nursing work were discussed, including the interrelationship of nursing service to maternal welfare and child health. The paper on Maternity Service for the Community, by Miss Louise Zabriski, was most practical. Miss Anne Stevens opened the discussion thereon. The nurse directors of Child Hygiene Bureaus held a round table conference where the details of the administration of the Sheppard-Towner Law were under discussion.

The report of a committee composed of Miss Hazel Wedgwood, chairman, Miss Lillian Clayton and Miss Winifred Rand was embodied in a paper on the Qualifications of Child Welfare Nurses and the Recognition Due Them. Miss Hodgman, Miss Ahrens and Miss Thomson discussed the paper. Copies of the recommendations of the committee were distributed and each member was asked to give her most serious attention to them, and to send suggestions and criticisms to Miss Wedgwood, of the American Child Hygiene Association, before the annual meeting of that organization in October.

A comprehensive paper on the Pre-school Child was presented by Miss Cecil L. Schreyer and discussed by Miss Hartley and Miss Hirschey.

At the second meeting of the Child Welfare Section Miss Peck, of the Minneapolis Infant Welfare Society, discussed Prenatal Care.

The regular meetings of this particular Section, however, did not hold highest place in the minds of those interested in child health. At a joint meeting of all three nursing organizations Dr. William Palmer Lucas gave an address on the Normal Development of the

Child. This practical, comprehensive and inspiring paper was the dominant feature of the Convention program.

Dr. Carolyn Hedger's talk centered our attention on the health of nurses themselves. She presented in a masterly manner the nurses' own need for health. At the close of Doctor Hedger's speech the nurses all stood in recognition of their appreciation. Doctor Hedger was a graduate nurse before she entered a Medical School.

One hundred and fifteen of the nurses specially interested in child welfare attended a breakfast conference for a discussion of Diets for the Pre-school Child, led by Miss Martha Koehne, Assistant Professor of Nutrition in the University of Washington.

Child health, as seen through the eyes of the school nurse, was taken up in the School Nursing Section, and again at a round table on school nursing. Doctor Lucas and Miss Marie Rose of the Child Health Organization presented a paper on School Nursing illustrated with stereoptican pictures.

In the Visiting Nurse Sections Miss Evans gave a demonstration of contagious disease nursing technique. She also reported on the lowered prevalence of diphtheria in Cleveland, due to the administration of toxin anti-toxin in the Health Centers.

In the Children's Orthopedic hospitals the Women's Board held open house on Friday. On Tuesday evening there was a reception for all nurses at the Rainier Club.

In the Exhibit Room nurses were especially attracted by the Health Special set up by the Child Health Organization of America.

LICENSING MIDWIVES

Twenty States now require midwives to be licensed, though in some of them the law is not enforced. Fifteen States have no laws on the subject. The Board of Medical Education in Philadelphia has a successful system of supervision, the outstanding features of which are the insistence upon reports from the midwives within 48 hours of the birth of the baby, and the inspection of each mother and baby within a few days by an inspector with special medical training in obstetrics. (Statement of Dr. William R. Nicholson in his Hatfield lecture before the Philadelphia College of Physicians. *Journal American Medical Association,* May 13, 1922.)

HEALTH IN RURAL SCHOOLS

Doctor S. Josephine Baker, in speaking of the situation disclosed by the survey of health conditions in the rural schools of New York State, points out that every community must stand back of any health work that is undertaken for its children if that work is to be at all effective. Doctor Baker says, "the survey shows that the best of the fifty-seven counties of the State is Westchester, and in that county but 25 per cent of the schools are adequately equipped with hygienic and sanitary facilities. In some of the counties not a single school comes up to the ordinary

requirements in sanitation. I know the work which has been done in the State to improve school conditions. I know that it is almost a superhuman work to reach some of these schools. Our state authorities have not the power to do it. The power rests in the local communities. The school trustees are the czars. They are the ones who decide how often the school shall be cleaned. The community raises the money and no amount of supervision or urging will make the local conditions adequate until the community itself demands that its own people raise the standard where it belongs. * * * We do not always have such a close corporation as in Suffolk county where in a school having three pupils their father was the school trustee, school janitor and boarded the teacher." (*Health News, New York,* March, 1922.)

FOR PUBLIC HEALTH INSTRUCTION

An appropriation for the coming year of not less than $75,000 to defray the expense of an active, constructive plan of public health instruction was recommended to the House of Delegates of the American Medical Association by Dr. F. C. Warnshuis, who addressed that body at the Annual Meeting of the Association in St. Louis. "In a democracy," Doctor Warnshuis said,"health is a public concern. Sound public policy and private conduct will result only from sound public and private opinion and this will come only by getting to the men and women of this nation an adequate knowledge of the ascertained facts in regard to health and disease. We are only concerned with education and must rely upon the convincing power of the truth. We should send out teachers, not advocates." (*Journal of the American Medical Association,* May 27, 1922.)

THE HARMON FOUNDATION

The Harmon Foundation has been established by William E. Harmon, a trustee of the National Child Labor Committee, for the purpose of promoting the establishment of playgrounds in towns and small cities. The Foundation will not give money for playgrounds outright, but will give its services and organization. East Rutherford, New Jersey, is the first town to benefit by Mr. Harmon's plan. A vacant lot long used as an athletic field was offered for sale as a factory site. At the request of the citizens of the town, the Harmon Foundation organized a playground committee, secured an option on the land, divided it into small lots after the manner of the real estate sub-division and offered it for sale at one dollar a lot. The school children were organized as a selling force and the sale was advertised by the Foundation and carried on under its direction. A whirlwind auction of choice lots closed the campaign and the playground was sold, the buyer's deed for each lot conveying interest and title therein to the Playground Association. (*Monthly Digest National Health Council, April,* 1922.)

HEALTHIER TEACHERS NEEDED

At Lake Mohonk, New York, June 26 to July 1, 1922, a number of authorities in scientific and educational fields met to discuss Health Education and the Preparation of Teachers. The Conference was called by the United States Bureau of Education and the Child Health Organization of America. Dr. C.-E. A. Winslow, Professor of Public Health in the Yale University School of Medicine, was chairman of the Program Committee, and Dr. Thomas D. Wood of Teachers College, Columbia University, and Vice-President of the Child Health Organization, directed the conference as Chairman of Sessions.

The questions they discussed centered directly about the teacher. The children in our schools cannot be chosen. They must be taken as they come. The teacher, however, can be chosen. Her qualifications can be looked into. Therefore, the qualifications of the teacher to teach health were the first consideration of the conference. The main headings under which they were grouped were the individual characteristics of the teacher herself and the special knowledge with which she should be equipped.

In discussing the child or the object of health teaching the questions considered were: In what part of the curriculum should the child be taught health, what should he be taught, and how should he be taught it?

In each of the five sessions, papers and discussions confined to a definite topic consolidated the opinions of the conference on what the teacher should be and know, and what and when and how the child should be taught about health. Dr. Caroline Croasdale, Physician of the New York State College for Teachers, said of an ideal teacher of health:

"It is well to remember that healthy happy living is an art as well as a science, and no amount of teaching of the bare cold facts of the sciences relating to health will succeed in producing that first and most fundamental necessity in health education—a healthy, happy teacher. If you were psychoanalytically inclined you would call her a well adjusted personality. If you are just a plain hygienist like myself you would call her a successful practitioner of the fine art of living. We must give the prospective teacher the health ideal, energized in her by a huge wish for accomplishment, both in herself and in her future pupils. The health ideal placed before her must be that of positive health. She must really appreciate and understand that it no longer suffices to be simply not sick, she must aim to be always gloriously well. Personally, I should prefer my young teacher of health ideals to be thoroughly well and happy herself, with enthusiasm and no methods—at least, readymade ones—than to be even a little neurotic, a trifle hollow-chested, but method-perfect. Let her be so well that she oozes health and happiness, and I am sure her methods will take care of themselves."

The results of the conference in regard to the preparation of teachers are summed up in the report of the Committee on Teachers Training for Health Education. In this report it is recommended that health education in a training school should include a Student Health Service and content courses. Student Health Service is defined as comprising a complete health examination and such subsequent examinations as may seem necessary; health advice and supervision given to students throughout the course; the correction of remedial health defects; and the maintenance of a healthful regimen of living. "Healthful living" shall be understood to include proper hours of sleep, proper food, clothing, bathing and exercise. As far as practicable, the students' attitude in regard to the Student Health Service shall be a basis for recommendation for professional position.

The discussion of just how much scientific knowledge and how much emphasis on habit formation should be included in the teaching of health to children resulted in the preamble to the report of the Committee on Teacher Training for Health Education. This preamble, which represents the consensus of opinion of the members of the Conference, is as follows:

"From the reports of leaders of the primary, intermediate and high school sections of the round tables, the following outline is submitted as indicating what seems to be the desirable trend for a plan of Health Education.

"Kindergarten; through 4th grade: That here, primary emphasis should be laid upon habit formation, in a healthful environment. Health principles should be emphasized in relation to actual situations and in the project work in these grades.

"In the 5th and 6th grades the basis should be more broadly biological and convey a conception of the functioning of the body as a whole although the content of the course should still be correlated with health habits and practice.

"In the Junior and Senior High Schools, while continuing the effort to fix the habits and broaden the knowledge indicated for previous grades, problems arising from group activities offered in school, home and community should be stressed. In these grades the dominant idea should be service."

The results of the Conference may be epitomized in five questions and answers.

What sort of a person must the teacher who teaches health successfully be? She must be "health-minded" and so gloriously well herself that she fairly oozes health and happiness.

What must the teacher of health know? The answer to this question is given in the content section of the recommendations on teacher training.

What should the child be taught about health? The preamble to the report of the Committee on Teacher Training for Health Education, gives what seemed to be

a desirable trend for a plan of health education for the child.

In what part of the curriculum should health be taught? It should permeate the whole curriculum.

How should the child be taught health? He should first be interested in health by concrete appeals to his imagination, and when he begins to ask questions he should be given the scientific information necessary to answer them in a way that will appeal to his reason.

THE BABIES' DISPENSARY AND HOSPITAL OF CLEVELAND

There have been many interesting features in the work of the Babies' Dispensary and Hospital this past year, but the most prominent one is the great increase in the number of patients. In her annual report for 1921, Mrs. Homer Everett, chairman of the Managing Board, writes that, "owing to the industrial situation a new type of family has been added to those who seek our aid. People who heretofore had been self-sustaining members of the community, families who never had needed any assistance, after months of enforced idleness have found their resources exhausted and have come to us for help. Practically all of these new patients come under Rate IV, a classification which indicates that the expenses of the family are greater than the income and that the family is in need of social assistance. In 1920, we carried 442 Rate IV patients and in 1921, we had 1,695, an increase of 1,255. The nurses find these new mothers very appreciative and report that they take a most intelligent interest in their children's welfare.

"The total attendance at the afternoon clinics for 1921, was 21,578, an increase of 7,346 over the year 1920. The highest attendance for one day was 127, an increase of 30 over the previous year. We have been able to carry on this extra work without any increase in the nursing staff, but there has been a larger number of physicians serving in the clinic.

"On January 1, 1921, the age limit for patients was raised from three to fourteen years. New patients to the number of 407 were admitted under this ruling.

"The Ultra-Violet Ray Clinic was established out of the S. M. A. Fund on October 20, 1921, for the treatment of rickets and glandular tuberculosis. One hundred and fifty-six treatments have been given to 20 children suffering from these diseases.

"With the beginning of this year a physician and nurse were engaged to carry out an intensive campaign for the vaccination of infants and young children against diphtheria. Through the cooperation of the Department of Health twelve of its Infant Welfare Stations were used for this purpose. Eight courses of treatment of three weeks each were given at each of the dispensaries during the year. A total of 1,636 children were injected and 1,304, or practically 80 per cent, completed the course of treatment, receiving three injections. It is estimated that at least 700 children have been made immune who otherwise

would have been subjects for diphtheria at an age during which the mortality is the highest.

"The Salvarsan Clinic is open on Friday afternoons. Since December 10, 1920, there have been 308 treatments given to 92 patients, most of whom were babies.

"Two hundred and thirty-four X-ray pictures were taken in our X-ray room, which shows a marked increase in the work.

"The Out-Door Ward opened July 1st and closed September 15th, having had a full nursing staff in attendance. One hundred and three acutely ill babies were admitted, and 1,328 days of treatment were given. The feedings for these babies were made in the milk laboratory under the supervision of Babies' Dispensary nurses.

"As in previous summers, the Automobile Infant Welfare Station was in service. Ten suburban towns were visited regularly. A total of 52 clinics were held, during which 553 infants and young children were examined. Of these, 103 were found to be normal and 450 showed the presence of some abnormal condition. The average daily attendance was 13.

"The Pre-School Dental Clinic was continued during every forenoon throughout the entire year and grew to be a very active part of our work. In all, 417 individual patients were cared for, with a total attendance of 1,786. It is important to understand in connection with the work of the Dental Clinic that every child who attends it is sent to the general clinic for a physical examination with the idea of arranging the diet and life of the child in order to make possible the best dental development.

"On September 1, 1921, the Massage Clinic was discontinued. Patients requiring such treatment are now referred to the Association for the Crippled and Disabled.

"In cooperation with the University Teaching District a post-graduate course was given to thirty-four nurses from the School of Applied Social Science, and to thirty-one medical students. These courses cover a period of eight weeks and consist of lectures by the nursing and medical staff, observation in the clinic, and classes in social service, and in the milk laboratory.

"The year 1921, saw 83,350 milk deliveries made to 4,270 patients, whereas, in 1920, but 59,643 deliveries were made to 2,-864 patients. There were thus 23,707 more deliveries made in 1921 than in the previous year.

"All prescriptions dispensed by the Babies' Dispensary and Hospital are made up mornings by one of our nurses. Mrs. Eddy and Miss Mary Lincoln of the Junior League assist in this work one morning each week. The School of Pharmacy of Western Reserve University expects later on to help a great deal in the filling of these prescriptions, but at the present time they are not adequately equipped for the work. Miss Cummings, another Junior League member, helps one day each week in the weighing of the babies. We are most grateful for the help of all volunteers."

From Monumenta Pompeiana.

THE FOREIGN FIELD

POLAND

CHILD HEALTH WORK

Dr. J. B. Manning, the Associate Medical Field Director of the American Red Cross in Europe, wrote the following account of the work in Poland:

"On undertaking a child health program in any foreign country the choice of procedure lies in general in one of two directions. First, the setting up of a small number of model centers under the direct and continuous supervision of American personnel, or second, the setting up of a larger number of centers, utilizing native personnel to the fullest extent, and early placing the direction under local committees—using the American personnel in an organizing and supervising capacity. The economic conditions are such in Poland, except in a few communities, as to make impossible any assurance of the perpetuity of the centers under so expensive a plan as the former. So in Poland there have arisen under the supervision of the American Red Cross a surprising number of activities throughout the whole country, and at the same time in the larger cities of Warsaw, Wilno, Krakow, and Lwow, in close affiliation with the universities and under the eyes of the strongest children's physicians in Poland, a few centers where intensive demonstrative work is done by simple and proven methods.

"The organization through which the American activities operating in Poland reach the child is well worth a word of comment. The Polish-American committee for the Relief of Children was organized by the American Relief Administration for its feeding of children. The central committee in Warsaw is composed of various representatives from the ministries. The acting director is an American detailed from the staff of the American Relief Administration. There are fourteen regional offices and in each of these regional areas are district offices with a committee and a full time manager; they in turn have a number of smaller precincts under their supervision. Thus every part of Poland is covered, and, including both paid workers and volunteer committees, there is a personnel of over 25,000. It was on this organization that the sanitary-medical division

was created to distribute information concerning the program of the American Red Cross, to stimulate interest in it, and to act as shipping agents for all its supplies.

"A child health program presupposes the existence of such fundamental institutions as the ambulatorium and the children's hospital for the care of the sick babies and children in its health centers. Six long years of war and the terrible suffering incident to reconstruction placed the American child health work in Poland in the position of creating these ordinary tools, which your infant health worker at home has right at his command.

"In January of this year, less than one year after the program was changed from general relief to constructive child welfare, 13 committees, or groups of committees, have organized and are maintaining as many children's hospitals with 390 beds, the equipment being furnished by the American Red Cross, and 45 children's wards with an additional capacity of 576 beds have been put in general hospitals. Further, every existing children's hospital and children's sanitarium in Poland has been aided. Tents and equipment for summer colonies of 1,900 children from tuberculous homes, and assistance in organizing 133 ambulatoria for infants and children represents some of the ground work on which, in practice if not in theory, the health center for advice, in Poland at least, must be built.

"In the 58 infant health centers the regional American doctors, nurses, and social workers act in a supervising capacity, the physician being the regional inspector. They are continually travelling, and after the requests for the establishment of a health center are investigated and all preliminary arrangements are made for opening the center, the nurse and social worker arrive. They remain in the community a sufficient length of time to organize the local sustaining committee and all the details incident to operating a health center. Classes are organized for the expectant mothers in the care of the well baby; consulations are held for the care of sick and well babies; also for the child of 'runabout' age, and in some cases the child of school age. The nurse and social worker remain until the center is running satisfactorily and then pass on to another point, but usually revisit the activity at intervals of a few weeks, depending upon the necessity for close supervision. The doctor makes a complete round of visits in his territory once a month.

"To meet the need for trained Polish workers in the health centers a short course for health workers was established in Krakow in connection with the university clinic. Three American nurses and one social worker were detailed to supervise the course. The first group of 35 women had a four months intensive training in Krakow and two months in the field under the supervision of American nurses. The result was so enthusiastically received all over Poland that a

second class of 36 young women, under the Ministry of Health and the Polish Red Cross, received a full six months intensive course at Krakow and have taken their places in the health centers.

"The perpetuity of a large part of the health centers is now assured. The central government has shown great interest and cooperation, and through the Polish-American Committee for the Relief of Children a large portion of the projects now operating will continue without interruption, after our withdrawal in June, 1922."

CZECHOSLOVAKIA

BABY WEEK CAMPAIGN

In March, 1922, the American Red Cross with the assistance of local Czech and German organizations and the town authorities, conducted a Baby Week campaign in Most, a small mining town. Posters were prepared by the school children, and there were exhibits of various sorts, health films in the local theaters and lectures and demonstrations. The health station was visited by 4,000 people during the week and 500 babies were examined. A follow-up week is planned in the near future.

ENGLAND

APPETITE IN CHILDHOOD

Dr. H. C. Cameron, in a lecture on Appetite in Childhood which he gave before a group of women at the Institute of Hygiene, on March 15th, advised mothers to pretend that they did not mind if their children refused their food. Mothers in the audience asked whether he would really deceive a child, to which Doctor Cameron replied that his intention was to combat the sense of self-importance which was often the cause of a child's bad appetite. The child was conscious that he could create a stir by refusing to eat, thereby dominating mother and nurse. If he found they were apparently indifferent, he would probably develop an appetite. (*Maternity and Child Welfare,* April, 1922.)

NEW ZEALAND

THE PLUNKET NURSES

Miss Nance Pattrick, director of Plunket Nursing in New Zealand, has written from Dunedin as follows: "We are still pushing steadily on with our Child Welfare Work in New Zealand. I consider that the most far reaching and beneficial propaganda accomplished in the last year is the Government publication of a large new edition of the small book 'The Expectant Mother and Baby's First Month,' by Dr. Truby King. These books have been sent gratis to every married woman under thirty-five, right through the Dominion.

"In spite of the after-war financial depression in the country new districts are still being opened up and more Plunket nurses requested. We have over sixty nurses out in the field through the two islands. We have three Baby Hospitals (and training centers for nurses) in different parts, but the original Karitane Hospital, Dunedin, is the

only center where we train the Plunket Nurse (the teacher). The other two hospitals train girls as baby nursery maids and there is a great demand for them. We are most anxious to keep the training of the Plunket Nurses uniform and prevent the mother from being confused by apparently conflicting advice when nurses change districts or mothers change their residence—hence the idea of the one training school for the Plunket Nurses. We had forty-eight registered trained nurses who took the course and qualified as Plunket Nurses last year.

"I spend my time visiting all the centers of work in the two islands, meeting and consulting with the lay committees and coordinating the Plunket Nurses' work in the various districts, also making necessary arrangements to coordinate the training scheme in the three hospitals. Then I return to the main center for the last month in each term to give an extra course of lectures to the Plunket and Karitane trainees before they leave the Center.

FRANCE

THE FOUNDLING HOSPITAL OF PARIS

Professor Marfan, Physician to the Hospice des Infants Assistés, is conducting daily clinics on infantile disorders of nutrition. Professor Marfan is also the director of the Ecole de Puericulture (the Franco-American Foundation) and holds the recently created Chair in Infant Welfare in the Faculty of Medicine of Paris.

Every day at 9 o'clock punctually, Professor Marfan arrives at the Faculty of Medicine and gives, in one or another of the wards of the Hospice—in that incisive, eloquent and lucid manner, so essentially French and so peculiarly his own—clinical instruction to medical students and post-graduate specialists in that branch of pediatrics which our Allies have developed to such a high degree. All the wealth of clinical material contained in the 725 cots of the blocks of grey stone buildings that constitute the great Foundling Hospital of Paris, is at his disposal. The sick children are gathered into two main buildings—one medical and the other surgical, Professor Marfan being visiting physician and director of the medical side, and Monsieur Veau, surgeon and director of the surgical side. Professor Marfan visits in the wards accompanied by one or both of his chefs de clinique, Doctor Hallez and Doctor Salleze, by his internes and by a crowd of students and post-graduates. Part of his day, three times a week, is spent in examining the newly admitted infants and cases that are doing badly, and these are brought to him by the Sister of the ward and examined in the presence of the assembled students.

After the examination, the Professor dictates his orders and prescriptions with rapid decision. They are taken down by his Chef de Clinique and the senior students who are attached to his unit; these latter may be asked in turn to examine and report on the cases under the eye of the Profes-

sor and the assembled doctors.

From the pathological and biochemical departments, too, from time to time, come reports of special investigations that are continually on hand with regard to problems connected with the diseases of infants. Professor Marfan keeps in close touch with his workers and frequent visits are paid to the laboratories, the post-mortem room and the X-Ray department.

Attached to the wards as a separate annex is the one-storied, recently constructed "Pavillion Pasteur," the Institut de Puericulture, which was founded under Professor Marfan's predecessor, Doctor Variot, late (retired) Physician to the Hospice des Enfants Assistés. Here, in a convenient central building, are contained the doctors' consulting rooms devoted to the Infant Consultations, together with a big lecture room and smaller rooms used as weighing and waiting rooms. Once a week Professor Marfan gives a conference on some subject connected with infant welfare and the disorders of infancy. There are, in addition, instructions and bi-weekly lectures intended chiefly for voluntary workers and health visitors. The infants attending these clinics are drawn from the surrounding neighborhood and are distinct from the in-patient infants who are all foundlings or boarders. Professor Marfan's Assistante Sociale is Madame Postel-Jallade, a lady of much tact and enthusiasm, who occupies a position mid-way between that of Lady Almoner and Chief Health Visitor. She is assisted by the Sisters and a staff of voluntary workers who devote themselves with energy and regularity to the work of visiting and following up.

No one is more alive than Professor Marfan to the evils associated with the aggregation of large numbers of children and the danger run by every baby separated from its mother. But these dangers are obviated as far as is possible under present conditions by two means: first, all healthy children admitted to the Hospice are transferred after a few days to the country; and second, every possible care is taken to avoid infection. All entrants are treated as potentially infectious, and are watched in special observation wards. There are in addition isolation blocks for all infectious cases, and in the infants' wards, the babies' cots are separated from each other by glass partitions about four feet in height, while every precaution is taken in the sterilization of clothes and feeding materials, and in the individual isolation of each infant, healthy or sick.

The great value of such centrally coordinated work can be seen in the amount of material available for clinical study, teaching and research, in the provision of laboratories, where bacteriological, pathological, bio-chemical and X-ray examinations can be pursued, and in the possibility of the accumulation of sufficient facts and results to go to the making of deductions of real scientific value. (Katherine Gamgee in *National Health,* June, 1922.)

RECENT LITERATURE ON MOTHER AND CHILD WELFARE

BOOK REVIEW

The Management of the Sick Infant. By Langley Porter, M.D., and William E. Carter, M.D. St. Louis. C. V. Mosby Co., 1922. Price, $7.50.

I am sure that every physician who sees ailing children has at some time or another deplored the lack of a work in English dealing with the treatment of sick infants which would detail all of the older ideas of proven value, as well as the newer remedies and procedures of suggestive worth.

It may well be that the prospect of attacking so formidable a piece of writing served to deter many an otherwise ambitious pediatrist from attempting to fill this obvious gap in pediatric literature. The physician who says, "some day I will write such a book" knows very well that he is a victim of self-deception, since a work of this sort must be written "in hot blood;" it is not a book of contemplation, but so much a book of action that "t'were well it were done quickly."

Porter and Carter in "The Management of the Sick Infant" have written for the man who wants authoritative information concerning what to do for the sick child.

The book is not bibliographical nor casuistic in the least; it is dynamic and dogmatic. And therein lies some of its virtue and I might even say, some of its charm.

Gundobin, the Russian pediatrist, whose conspicuous work "The Peculiarities of Childhood" was translated into German in 1912, dealt mainly with anatomical and physiological peculiarities. The obvious fact that children require many procedures in treatment that are distinctive and different from those of the adult, has long been known, and is attested by many inadequate chapters in text books dealing with pediatrics. Now comes a comprehensive book on treatment that appears satisfying and adequate.

Of course the therapeutics of each generation seems absurd to the ensuing one; and in the field of feeding as well as in medicinal therapeutics, some will doubtless take issue with the authors. Certainly the pharmacist could criticize the chemistry of the prescription on page 616 in which syrup of iodide of iron is combined with sodium bromide, or one on page 699 which mixes the very active syrup of hydriodic acid with both a bromide and other substances. Writing of prescriptions is a perilous pastime at best, and only very brave men dare to print their prescriptions.

The authors have included many very modern works and pomps, such as the newer name

for pancreatic insufficiency, "coeliac disease," the procedure of cisterna magna puncture, ventricular puncture, and so forth. The volume is most creditable from a typographical viewpoint, the illustrations are numerous and of practical utility, and altogether, those who have awaited such a book will find their best hopes realized.

—JOHN FOOTE.

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SPECIAL RATES TO WASHINGTON

for the

THIRTEENTH ANNUAL MEETING OF THE AMERICAN CHILD HYGIENE ASSOCIATION

October 12th, 13th and 14th.

This meeting will be of unusual interest. The subjects to be discussed are of moment, the speakers are authorities and ample provision is being made for the give and take of experience.

Our Affiliated Societies are urged to send delegates who will present reports from their Societies at the evening session on October 13.

The Southeastern Passenger Association is offering special railroad rates to members of the Association and dependent members of their families who are attending this meeting. The reduction will amount to half the regular fare for the return trip if the trip is made via the same route taken to Washington.

It is hoped that similar reduced rates will be available through other agencies. The detailed information necessary for obtaining the special rates will appear in the September issue of Mother and Child.

OTHER MEETINGS

October 9th to 12th, the Playground and Recreation Association of America and Community Service is holding a Recreation Congress in Atlantic City.

October 9th to 11th, a Red Cross National Convention, similar to last year's Convention in Columbus, will be held at the National Headquarters of the Red Cross in Washington. Delegates from all the Chapters are to attend this Convention.

October 16th, 17th and 18th, the Fifth Annual Meeting of the American Dietitians' Association will be held in the New Willard Hotel, Washington, D. C.

October 16th to 19th, the Fifty-first Annual Meeting of the American Public Health Association will be held at the Hotel Statler in Cleveland. The newly established Section on Child Hygiene appears for the first time at this meeting with a program designed to be specially helpful to those doing actual field work.

MOTHER AND CHILD

A Magazine Concerned With Their Health

Published Each Month by

The American Child Hygiene Association

VOLUME III SEPTEMBER, 1922 NUMBER 9

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WEIGHING DAY AT THE CHILD WELFARE SOCIETY.

MOTHER AND CHILD

A Magazine Concerned With Their Health

VOLUME III SEPTEMBER, 1922 NUMBER 9

IN WASHINGTON

THIS is the first of a series of articles which describe the work of various local health organizations and the health activities, national in scope, of some of the Government Departments.* The series will be concluded in the October issue.

THE UNITED STATES BUREAU OF EDUCATION

DIVISION OF SCHOOL HYGIENE AND PHYSICIAL EDUCATION

HARRIET WEDGWOOD, R.N., JUNIOR SPECIALIST,
DIVISION OF SCHOOL HYGIENE AND PHYSICAL EDUCATION

A MOST important function of the United States Bureau of Education is to gather information relative to the educational needs of this country and the best educational practices both here and abroad, with a view to making this information available to the educators of the country.

Some of the investigations made have been of conditions having a distinct bearing on the health of school children, as for example, Kingsley and Dressler's report on Open-Air Schools, which is the most complete study of open-air schools that has ever been made. It is now, unfortunately, out of print. Other reports having a bearing on the school child's health are bulletins on Medical Inspection in England, Physical Growth and School Progress, Organized Health Work in the School, Schoolhouse Sanitation, and Physical Education in Secondary Schools. The titles of these bulletins indicate the nature of these earlier investigations of the Bureau.

Since 1918 bulletins have been issued on the Eyesight of School Children, Medical Inspection, and Schools for Crippled Children.

*The work of the U. S. Government Departments which deal directly or indirectly with public health is described in detail in a series of reports issued by the National Health Council, 17th and D Streets, Washington, D. C. These reports cover the Division of Vital Statistics, U. S. Census Bureau; Children's Bureau and Women's Bureau, U. S. Dept. of Labor; Division of School Hygiene, U. S. Bureau of Education; Health Section, U. S. Bureau of Indian Affairs; Division of Welfare, U. S. Post Office Dept.; Bureau of Animal Industry, U. S. Dept. of Agriculture; Health Activities of Bureau of Mines, U. S. Dept. of the Interior; also a General Report on the Health Activities of the U. S. Government, with chart. These pamphlets may be had free of charge on application to the Council.

Surveys of school systems of various cities are frequently undertaken by the Bureau, the survey of health conditions being made by the Division of School Hygiene and Physical Education. A report made by the Advisory Committee on Health of the National Child Health Council on the Health of School Children is soon to be published. This report is the result of a considerable amount of study and is a concensus of opinion of experts on the various phases of school health.

A Schoolhouse Need Not Be Expensive To Be Healthful.

Sanitary schoolhouse construction has for years been made a subject of study by the Bureau and for the last few years a specialist, Doctor Dressler, joint author of the Open-Air School report, has been retained as a part time special agent. His advice may be had by sending a request to the Bureau of Education.

About three years ago, the War and "Children's Year" brought to light the woeful lack of health among our citizens and potential citizens. To our amazement, we were in great need of more health for all children, and the Bureau felt a new departure was necessary. Mr. Lane, then Secretary of the Interior, appointed Miss Sally Lucas Jean, now Director of the Child Health Organization of

America, as a dollar-a-year employee of the Bureau of Education and gave into her hands the formulation of a program for health work in the schools. With Dr. W. S. Small, head of the Division of School Hygiene, a definite program was worked out, purposely limited in its scope in order to obtain greater concentration on a few basic principles that needed emphasis. This program emphasized a scale in every school; time allowed in every school for the teaching of health habits; a hot school lunch available for every child;

PRACTICING HEALTH RULE NUMBER SEVEN.

teachers trained in Normal Schools to teach health habits; every child's weight record sent home on the monthly report card; a thorough physical examination, with the clothing removed to the waist, at least twice a year for all school children.

It was also felt that a few simple health rules might well be formulated to be taught to children. Here again, it seemed advisable to limit the number of health rules to the fewest possible that could be expected to show good health results. The following "Rules of the Health Game" were chosen, partly because they are the ones most likely to be neglected by the average child:

1. A full bath more than once a week.

2. Brushing the teeth at least once every day.
3. Sleeping long hours with windows open.
4. Drinking as much milk as possible, but no coffee or tea.
5. Eating some vegetables or fruit every day.
6. Drinking at least four glasses of water a day.
7. Playing out of doors for a part of every day.
8. A bowel movement every day.

In order to get this program before the schools, several pamphlets were prepared and large editions published and distributed broadcast. A Class Room Weight Record, devised by Miss Jean before her connection with the Child Health Organization, was presented to the Bureau and a copy put into every school in the country. Other bulletins in this Health Education Series have followed from time to time and the eleventh number, Milk and Our School Children, is now in press.

The Bureau is no longer able to distribute large free editions as it did at the beginning, as that was primarily a war measure. However, a limited free edition is provided so that sample copies can be furnished on request, while the supply lasts, and additional copies can always be obtained at cost through the Government Printing Office.

The Division of School Hygiene and Physical Education will be glad to have teachers, nurses or others interested in the health of school children visit or write the office, Room 106, Pension Building, at the corner of F and Fifth Streets, N.W., Washington, D. C.

THE CHILD WELFARE SOCIETY

HUGH JEFFERSON DAVIS, M.D., DIRECTOR

THE stages of evolution through which a single act of charity passed to become a modern public health agency on a large scale make an interesting story. Supplying soup to such invalids as were in need of it was the form which this charity took in the city of Washington, more than twenty-five years ago. The work then spread to a number of kind-hearted women and entered into its second stage of development with the establishment in 1901 of the Washington Diet Kitchen Association. The stated object of this organization was to supply "proper diet to the sick poor of Washington; the diet consisting of beef tea, mutton or chicken broth, milk, eggs and different health foods as recommended by the visiting physicians and nurses."

The Diet Kitchen continued to function along these lines until 1908, when, with the opening of a milk station, it passed into the

third stage of its evolution. Additional stations where good milk could be obtained at very little cost were opened as the means became available and although no food other than milk was supplied after this time, little was done beyond providing the milk itself.

The importance and necessity of good milk, especially for babies, soon became apparent and it devolved upon the Diet Kitchen to meet this new-felt need. As a result, in 1914, the Association was incorporated in the District of Columbia and its activities came to be limited to infant welfare work. At that time the most important

HEADQUARTERS OF THE CHILD WELFARE SOCIETY.

stage of its development took place, in that the mere distribuion of milk became a matter of minor importance as compared with the education of the mother on home modification of milk, home hygiene as pertains to the care of the baby, and such allied domestic problems. Thus the Diet Kitchen Association became the Child Welfare Society, a full-fledged public health organization with the object of keeping the well baby well.

The milk station had become the infant welfare center, but the work did not stop there. It spread out to include the prenatal care of the mother in order that the infants coming under its supervision

might not be handicapped at birth, and it extended to the pre-school child so that the Society might supervise the growth and nutrition of the little ones it had guided through the perilous early months.

As the resources of the Society have increased with widespread interest on the part of public-spirited citizens and the response of Congress to the public health needs of the community, the work has expanded until, at present, eight to ten Centers are being maintained in various districts of the city. Each Center consists of a waiting room where the babies are undressed and weighed, and a large, clean, well-ventilated room where the babies are examined. One or two nurses and volunteer aides are in attendance and a force of physicians directs the Conferences.

The mother's attention is attracted to these Centers in several ways. The example of some of her friends whose babies may be deriving convincing benefits from the Conferences, or articles printed in the newspapers which speak of the work that is being done may both put the mother in an investigating frame of mind. Again, the Instructive Visiting Nurse Society cooperates with the Child Welfare Society by reporting to it the births coming under the supervision of its maternity service which are not in the hands of a private physician. After receiving such a report a Child Welfare Society nurse visits the mother and generally is able to convince her of the wisdom of letting her little one receive the full benefit of the Child Welfare Conferences. Doctors, too, frequently serve as agents in increasing the attendance at the Centers, as they know them to be the places par excellence where mothers can obtain education and medical direction. Moreover, exhibitions are given from time to time in the theatres, churches and Welfare Centers which help to educate the mothers and make them realize that to attend the Conferences is well worth their time and trouble, as it can only result in good to their babies.

The nurse's part in connection with the Child Welfare Centers is exceedingly important. In addition to the work she does during the Conferences, she visits the mothers at home to see that all is well and that the instructions received at the Conferences are being carried out. She aids in the preparation of the milk the first time a mother receives a formula in order to teach her the proper way to measure and mix the simple components of the baby's diet. She tries to gauge the social and economic condition of the family, taking into account the locality and cleanliness of the home, and the apparent health, education and intelligence of the members of the family, especially the mother.

The prenatal conferences are of the greatest importance. The mothers are taught not only the hygiene of pregnancy, but also how to care for their babies after they are born. They are also

given full medical attention, fitting them physically for the great function of motherhood.

When a mother first brings her baby to the Conferences the names of both are entered on the history records. The baby is then undressed and weighed. His age in weeks is marked on a record card and his weight is recorded there weekly. His gains are written in black ink, while loss of weight is marked in red. These red marks are danger signals and their presence on her baby's weight chart quite naturally inspires the mother to seek the cause of the trouble and makes her more careful and thorough in following out the directions the doctor has given.

In the examination room the medical attendant carefully records the history of both mother and baby. Heredity is fully gone into as are also the particulars of the baby's birth, such as his condition and weight at birth, the place of birth, and any other factors which may influence the later state of the child. The baby is thoroughly examined and special notice is taken of any sign of malformation, rickets or congenital diseases. If the infant is nursing properly full instructions are given the mother as to the length of time the baby should be at the breast and as to the regularity of the feedings. She is also told of the necessity of giving the baby water between nursings, and of the amount of sleep required. The mother is next advised concerning herself. The doctor impresses upon her the need of obtaining the best possible food, the proper amount of exercise and as much sleep as possible.

In the case of babies that cannot be nursed for some cause that is forbidding, the doctor endeavors to ascertain the milk formula on which it can thrive best. The principles followed are these: whole milk is used and modified at home by the mother with a certain amount of water or barley water and one of the sugars, usually malt sugar. When the formula is worked out the mother receives complete written directions as to how to prepare the milk, the total quantity for twenty-four hours to be prepared by her each morning.

The Child Welfare Centers are institutions originally intended for well babies and children. This, of course, is a difficult matter to impress upon mothers, who often persist in bringing their sick little ones for treatment. Such cases are recommended to some good hospital or to the care of private physicians. A large number of infants suffering from nutritional disturbances are cared for, and this is considered a part of the object of the Conferences. As far as treatment of these cases is concerned dependence is mainly placed upon dietetic measures.

It may be seen from this brief account that an exceedingly valuable service is being rendered the city of Washington. That the work fills a great need is evidenced by its popularity and the con-

stantly increasing attendance at the Centers; and we feel that the Child Welfare Society is contributing very materially toward the decrease in infant mortality that is being yearly recorded in the District.

The various centers are open to inspection at all times and it is hoped that the visiting members of the American Child Hygiene Association will honor the Society by visiting them. A list of the Centers may be had from the Society Headquarters, 2100 G Street.

THE INSTRUCTIVE VISITING NURSE SOCIETY

GERTRUDE H. BOWLING, R.N., DIRECTOR

THE Washington Instructive Visiting Nurse Society was organized in 1900, when already Boston, Chicago, Cleveland, New York, Philadelphia, Los Angeles, Detroit, Baltimore and about twenty smaller cities were in the field.

Fulfilling the prescribed function of a private organization—to demonstrate and support new work until public interest has been enlisted to insure public support—the Washington Society put the first nurse in the public schools of the District in 1905. This demonstration was repeated in 1907 with five nurses. Finally, in 1914, Congress appropriated funds which allowed school nursing to be permanently established under the Department of Health. Tuberculosis nursing was begun in 1908 in cooperation with the Association for the prevention of Tuberculosis, and carried until taken over by the Municipal Health Department in 1918.

From its birth the Instructive Visiting Nurse Society has played an important part in the child welfare program of the District. As early as 1908 we find two nurses, under the somewhat ghastly title of "Infant Mortality Nurses," devoting their time exclusively to infant welfare work. In 1912 their number was increased to four, and the following year to five. In 1914 the Washington Diet Kitchen Association, later known as the Child Welfare Society, took over as its special field the well baby work.

The staff of the Visiting Nurse Society is now comprised of a director, assistant director, a specialized maternity supervisor, twenty-three staff nurses and two senior student nurses. With the exception of the obstetrical service, the specialized fields are now generalized, and include acute and chronic, medical and surgical cases. Stress is laid on preventive care in all teaching in the homes, and the relation of educational, preventive and curative work to the individual, the family and the community is constantly emphasized. Nurses are taught to understand the special facilities of other organizations for meeting special problems of adjustment and relief. Time on duty is allowed for attendance at lectures, conferences and

Occupational Class at the Day Health Camp.

institutes held in the District. A supervised experience of four months' field work is offered to senior students of local hospitals.

The maternity program includes prenatal, natal and post-natal nursing. During 1921 instruction in the hygiene of pregnancy and prenatal care were given to 1,046 expectant mothers. The routine requires visits twice monthly for the first seven months and weekly visits for the eighth and ninth months. At the Prenatal Clinic held daily at Columbia Hospital a Wasserman test is included in the routine examination. Prenatal care is given to midwives' patients although delivery and post-partum care are not given unless a physician is in charge.

The delivery service is covered by three nurses. It is handled through the office during the day and by a private registry at night. It is still undergoing many changes to meet the needs of those it serves.

Daily nursing care is given to the mother and baby for ten days after the infant's birth. After the first ten days, the nurse visits the baby once a week for the first month, then once a month for the second and third months. This is to insure the establishment of good health habits and the routine desired by the physician in charge. If, however, the family physician is not interested in well baby work, with his permission the child, at the age of one month, is referred to the Child Welfare Society. Infants delivered by the Student Doctor Service of the Georgetown and George Washington

University Hospitals are also, at the end of the first month, registered with the Infant Welfare Society.

The Children's Country Home is supervised by the Instructive Visiting Nurse Society during the summer season. With a capacity of about forty beds, it offers twenty-four hours' care to under-weight, anemic and convalescent children. The special care given to properly adjusted and balanced diets, to supervised play and rest periods and to the nutrition class, which are some of the constructive features of the program of the Home, demonstrates the need for such a home on a permanent basis.

Children diagnosed as tubercular can enjoy the camp privileges afforded their more fortunate brothers and sisters at the Children's Day Health Camp. This camp is in charge of a member of the Instructive Visiting Nurse Society staff, with two assistants. It boasts an occupational class and a nutrition class, as well as the usual benefits of camp life—showers, sand piles and other recreational facilities. Here, too, strict regard is given to requiring adequate daily rest periods.

Washington, southern in its outlook, has many problems peculiar to the South, as well as several distinctly characteristic of the National Capital. A transient population brings problems of support. An exceedingly large group of average income, the Government workers, clerks, stenographers and bookkeepers, includes types very different from those found in the large industrial groups of our northern manufacturing centers. Publicity must be carefully considered to reach this particular group who demand an efficient health service at moderate cost. Our dependent sick, and those who pay in part for their care are not less well served because the service is sufficiently elastic to care for the health needs of all three groups.

A colored population of 100,000—about one-fourth of the total population—presents another problem. Three of our staff are colored nurses. The salaries of two of these nurses and part of the salary of the third are raised by the colored people of the District.

The midwife problem, comparatively speaking, is small. Of 9,028 births registered in 1921, but 393 were infants delivered by midwives. This is probably due to two causes: first, our foreign population, so prone to cling to the skirts of the midwife, is almost negligible; and second, Howard University furnishes a large number of colored physicians who care for many of their own people.

Statistics show that the proportion of our sick dismissed to hospital care is higher than in many cities. This we believe due to the fact that many of the wage earning group whose homes are in other cities, live in rooms or lodging houses. These make no provision for care in case of prolonged illness and the hospital must then be the answer, at least until the acute stage is passed.

All cases are registered with the Confidential Exchange in order that the most efficient work may be intelligently accomplished and duplication of effort among social organizations avoided.

Cooperation is carefully worked out between agencies. The Red Cross, the Associated Charities, the St. Vincent de Paul Society, the Jewish Charities, the Board of Charities, the Department of Health the Juvenile Protective and Child Welfare Society, Hospitals, Social Service Departments and Dispensaries, the various Neighborhood and Settlement Houses—are all our close associates in the effort for civic betterment through better civic health.

HOW VILLIERS-LE-DUC SAVES HER BABIES

J. H. MASON KNOX, JR., M.D.

For some years the village of Villiers-le-Duc, Côte d'Or, France, has been referred to in the literature* on infant mortality as the village in which, during a period of ten years (from 1894 to 1903), no baby died; there was but one stillbirth and no mother died in childbirth.

It is becoming more and more evident to those engaged in child health work that the next practical step to be taken to secure general acceptance of standardized and approved methods in the care of infants is to be able to point out communities where such methods have been in use with a resultant lowering of infant mortality. It is for this reason that both in America and in Europe, in the endeavor to reduce morbidity and mortality among children, particular emphasis is being placed upon the starting of so-called intensive work in limited areas.

Villiers-le-Duc began twenty-seven years ago, before any thoroughly organized child welfare work was started in America, to carry out just such community experiments in child saving. I have been particularly interested, therefore, in securing from the national statistical bureau in Paris, and directly from the village itself, accurate figures concerning this small community, and also a detailed account of the methods by which nearly all the infant lives were saved. The climatic and living conditions are healthful in this little village. The number of inhabitants according to the census of 1891 was 230; in 1896 it was 213; in 1901 it was 244; in 1906, 241; in 1911, 224, and in 1921 there were only 186 persons left there after the call to arms.

*See MOTHER AND CHILD, Vol. 2, No. 7, p. 298, July, 1921, and Vol. 2, No. 11, p. 483, November, 1921. Also Transactions of the American Child Hygiene Association, Vol. 10, p. 243. 1919.

BIRTHS AND DEATHS IN VILLIERS-LE-DUC, 1894 TO 1921

Years	Total Deaths	Births	Deaths Under 1 Year	Years	Total Deaths	Births	Deaths Under 1 Year
1894	8	1	..	1909	4	7	..
1895	6	4	..	1910	3	4	1
1896	5	6	..	1911	6	4	..
1897	4	2	..	1912	6	5	..
1898	8	6	..	1913	3	5	..
1899	2	3	..	1914	3	2	..
1900	3	9	..	1915	3	2	..
1901	3	8	..	1916	4	4	..
1902	5	5	..	1917	5	1	..
1903	3	5	1	1918	6	3	..
1904	7	4	1	1919	2	3	..
1905	3	5	..	1920	5	7	..
1906	6	5	..	1921	3	6	..
1907	3	7	..		—	—	—
1908	2	1	..	TOTAL	121	124	3

It will be noticed in the table that in twenty-seven years the total number of deaths of all ages is 121, an average of 4.481 per year. The average number of inhabitants of the village may fairly be computed as 220, which would give a total death rate of 20.4 per thousand, which is considerably higher than the average death rate in most of our American towns. These statements are made to indicate that the small infant mortality is not due to any unusually low general mortality in the village. In the years 1894 to 1921 there were 124 births and only three babies under one year of age died in the Commune of Villiers-le-Duc. How was this interesting and unusual state of affairs brought about?

It seems to me quite clear that the answer to this question is apparent on reading the directions and regulations for taking care of the mothers and babies in the village. These regulations, having the force of by-laws, are so important that I have translated them and give them in full, summarizing the directions. They indicate clearly that where a community realizes its responsibility toward its dependent child life these helpless infants can be saved and need not succumb in such large numbers as they now do throughout the world.

I do not doubt that the enforcement of these regulations is a matter of considerable expense to the village of Villiers-le-Duc. But the results show that this life-saving investment was exceedingly inexpensive as compared with those results which would have been involved in the sickness and death of any large proportion of its infant population.

It is interesting also to draw attention to the fact that the directions for feeding are very simple, involving only the giving of simple dilutions of good whole milk at long intervals, where breast milk is not obtainable; and that these directions were given in Villiers-le Duc twenty-seven years ago, when nearly all the pediatricians in America and England were writing lengthy articles on percentage feeding, mathematical equations for milk mixtures, high fat, low fat, split proteids, and the special advantage of various forms of sugar.

In conclusion, although Villiers-le-Duc is a small out-of-the-way village (near the headquarters of General Foch, in the first battle of the Marne) its experiment indicates that the application of simple, sensible methods can save infant life, and that this result can be accomplished when the community assumes its responsibility for this dependent element of its population and follows proper professional advice.

REGULATIONS

THE MAYOR OF VILLIERS-LE-DUC.

In view of the laws of April 5, 1884, July 18, 1893, and December 23, 1874, and also the ministerial decree of May 18, 1894 (Par. III, Art. 12) considering that it is the duty of the municipal authorities to put a stop to the decrease in population by taking active measures to prevent stillbirths and infant mortality, the Municipal Council orders the following:

I. That every pregnant woman, married or not, living in the Commune, and not possessing sufficient resources to defray the expenses necessary to the safety of her own life and that of her unborn child, shall have the right to require help from the Commune;

II. That in order to receive this benefit, she must state her condition before the seventh month, at the office of the Mayor, indicating at the same time which midwife she prefers to have. The midwife named shall be asked by the Mayor to visit the pregnant woman, in order to learn if there exists albuminurea, foetal or maternal dystocia, or other vicious condition. To the midwife will be allotted, for this visit, a sum of five francs. (This fee and the physician's fee, mentioned in the next paragraph, and the money paid to the mothers are charged to the Free Medical Aid Fund of the Communal budget, quite apart from the budget of the State or the Department.);

III. That, after such examination in case the midwife decides that a physician be necessary, she must advise the municipal authority at once to this effect, without stating her reason. Thereupon the authority shall request a physician, chosen by the pregnant woman, to take the necessary steps toward a safe delivery;

IV. That every woman who is assisted by the Commune shall receive a gratuity of one franc a day for ten days not including the day of delivery, if she remains in bed. This amount shall be paid her at the expiration of the ten days. If she does not remain in bed for the full time, the amount will not be paid her;

V. That every woman taking a nursing baby, shall be required (in case she does not nurse the baby herself, or if the nourishment is mixed) to supply herself with an apparatus for sterilizing the milk, and shall follow out the written instructions furnished by the municipality with regard to the feeding of infants. When required by the municipal authorities or by the visiting doctor, she shall be obliged to show the sterilizing apparatus, the nursing bottles, the nipples and other accessories, in order that their condition may be inspected;

VI. That every infant given out for nursing or rearing, be weighed every fifteen days on the baby scales belonging to the Commune, either in the town hall, when the weather permits, or in the baby's home. The weight will be recorded on a special form for each infant and kept on file at the Mayor's office;

VII. That when any infant either breast or artificially fed be attacked by diarrhea, vomiting, or chest troubles, this shall be made known to the municipal authorities within twenty-four hours after the first signs of illness;

VIII. That nurses having babies in charge who fail to conform to regulations as stated in Articles V, VI, and VII above given, are subject to

having their certificates recalled eight days after notice, in the absence of other action in the meantime;

IX. That milk sterilizing apparatus be kept on hand in the town hall and available to nurses at a reduced cost. Poor mothers who are unable to nurse their babies may borrow such sterilizing apparatus, and return it to the Commune after the baby has been weaned;

X. That any nurse feeding a child either at the breast or artificially, be it her own child or a child confided to her care, who will present that child in a good condition of health at the age of one year, shall be entitled to a gratuity of two francs a month from the time the nursing began till the child arrives at the age of one year.

Ordered at Villiers-le-Duc, May 1, 1903.

THE MAYOR OF VILLIERS.

HOW TO TAKE CARE OF THE BABY.

Beside the foregoing regulations the doctor-mayor gave the mothers specific directions which they were to follow in bringing up their babies. A brief summary of these directions shows their salient points:

Babies, these directions said, cry for one of three reasons: they are hungry, something hurts them, or they are ill. If the baby doesn't stop crying when the first two causes have been removed it is best to apply to a physician.

The baby must sleep alone, and a basket is the best kind of a bed. He should always be placed on his side and changed alternately. The air must be allowed to stir freely and the bed never covered with curtains, but in summer a loosely woven net can be placed over the crib to protect the baby from flies.

A baby of less than four months should never be held in an upright position, and when lying down his head should be slightly elevated.

The stool of a baby in healthy condition is yellow and resembles scrambled eggs; should it become liquid or green, an examination of the baby by a physician is in order.

The baby should be bathed every day, and the scalp kept clean.

Breast milk* is always to be preferred for the baby, with mixed feeding—breast and bottle—as second best. Whatever the method, however, regularity of feeding is insisted upon—"get your baby into the habit of not needing nourishment at night."

There is danger in artificial feeding even when the milk is good and the bottles clean. When artificial feeding must be resorted to during the first four months the milk should be diluted with boiled water in the following proportions:

1st day: Give the baby nothing.

2nd day: 60 grams of milk diluted with 60 grams of boiled water (in 6 nursing periods).

*The doctor-mayor has said elsewhere: "The mother's milk is the private property of the babe. Whoever deprives the babe of this, the sole right it possesses, is not only a thief but a scoundrel."

3rd day: 175 grams of milk diluted with 175 grams of boiled water (in 6 nursing periods).

4th day: 200 grams of milk diluted with 200 grams of boiled water (in 7 nursing periods).

After the fifth day give sterilized milk, 2 parts milk to one part water. (Directions for feeding during second, third and fourth month.)

In the fifth month give the baby pure milk, in 6 nursings, and augment the quantity from 950 grams to 1200 until one year has been reached. The boiled water used to dilute the milk can be either pure or sweetened, preferably with lactose, or milk sugar (cost, 4 to 5 frs. a kilog) 10 grams of sugar for every 100 grams of water. When the pure milk is given from the fifth month, 2 grams of milk sugar for every 100 grams of milk is sufficient.

In closing, the mothers are told that the baby should be weighed every week, or at least every fortnight, to see that his development is normal, and a table is given them which shows what the increase in weight by day in each of the 12 months of the first year should be, what the increase of weight ought to be at the end of each month, and the total weight.

THE RELATION OF OBSTETRICS TO CHILD HYGIENE*

ROBERT L. DeNORMANDIE, M.D.

IN MY talk this afternoon on the subject assigned to me, "The Relation of Obstetrics to Child Hygiene," of course the phrase "child hygiene" is a broad inclusive one, and for our purposes has reference only to infant welfare, for unless we have the babies of a community born safely, with a satisfactory start in life, there will be no child hygiene.

I take it my subject means, "Does the obstetric care that is given have any direct result on the infant welfare of a community?" Answering this in the affirmative, then the question at once arises, "Is the obstetric care that is available in our communities satisfactory? Does it give to the mother a good chance to go through her labor well and return a useful member of her community, and does it give the baby an equally good chance to be born alive without any lasting disabilities?"

Doubtless we here today would not agree without much arguing what good obstetric care means, but there are, however, certain points that I want to go over with you which will tend to improve the obstetric care that is now available and if carried out will help the infant welfare problem. I have divided my talk under four chief headings—the general practitioner, the hospital, the nursing service, and the community.

*Read before the New England Health Institute, Hartford, Connecticut, May 1, 1922.

The greatest amount of the work in obstetrics is done by the general practitioner. It very naturally falls to his lot to have a family turn to him for its obstetric care. For a moment let us look at the training that he has had in obstetrics. He graduates from the medical school, having had possibly fifteen or twenty cases of obstetrics. Many men, however, in the smaller schools, have not had that number of cases under their care. On graduation from the school, before a physician has the right to practice medicine, he must pass his State Board of Medicine examinations for registration. Passing that, he has a license to look after, to deliver, to operate upon, any case that may come to him. Is the training that he has had from the schools adequate to allow him to go ahead and operate as he sees fit? His training in operative work is, unless he has taken a hospital service that has an obstetrical service attached to it, absolutely nil, and yet he has the right to go out and operate on any case that he so wishes.

The bulk of the work in obstetrics falls on the younger man, from the very nature of the conditions. The younger man stands the work better than the older man, and it gives him an entrance into the family for his general work, which he so needs. When a case goes smoothly, normally, without any complications, the women on the whole come through fairly satisfactorily, and the baby survives. But it is when he comes to hard complicated cases that the general practitioner who has had no training in operative work falls down, and here the mortality in the infants and the mortality and the morbidity in the mothers becomes great. It is not only in operative work that he is found to be inefficient, but it is also in the complicated troublesome cases, where the question of judgment and quick decision often means the life or death of the mother or baby or both. These complicated serious cases he has not come closely into contact with during his training, and when he meets them in his private work he many times fails to appreciate the full significance of the early signs and symptoms. He knows, for he has been taught, that some ninety per cent of cases will be normal, and hopes that nothing abnormal, nothing really serious, will turn up with his cases. He forgets that he has been taught that any case may show at any time serious pathological complications which will tax to the utmost his knowledge of obstetrics, if he is to obtain good results for the mother and the baby.

Much has been written in the past few years of the value of prenatal work. It is so important, so much has been said, that the majority of men, I believe, try to look after their cases better than they did a few years ago. That one can say, however, that the prenatal care of all women is adequate is far from the truth. Because prenatal care has been drilled into the physicians and to the nurses so much in the past few years, the number of eclamptic cases has dropped somewhat, but they still are far too numerous and the results obtained

are still unsatisfactory, even though this is the chief point in prenatal work that has been insisted upon. Prenatal care has not lowered materially the accidents of pregnancy or the number of deaths from sepsis. Improvement in these conditions will come only from more intensive prenatal work combined with better obstetrics. I take it that a small percentage of women who come to a physician's office for care during a pregnancy have a complete physical examination, and unless that is made, how can an early tuberculosis, or an early nephritis, be discovered? A mild cardiac condition will be overlooked, and a syphilis may not be discovered until it is too late to give adequate treatment for the fetus.

Satisfactory prenatal work must include the close careful supervision of the patient as early in pregnancy as is possible. This is where the majority of women fail absolutely in their responsibility to the physician. It is not, in many cases, the physician's fault that cases go wrong, for they do not see the case early enough in order to obviate complications which so commonly come in a pregnancy. In the 1920 census there were 311 deaths from eclampsia in the six New England states, and 335 deaths from sepsis. These two diseases claim fifty-four per cent of the puerperal deaths. Let me go into these deaths a little more fully state by state.

In Maine there were 133 deaths registered from puerperal causes, and of these, 30 were caused by sepsis and 40 by eclampsia—52%.

New Hampshire had 70 deaths, 17 due to sepsis and 24 to eclampsia —54%.

Vermont had 56 deaths, yet of these deaths 23 were due to eclampsia and 12 to sepsis—a percentage of sixty-two of the whole.

Massachusetts had 619 deaths, and 180 of these were sepsis and 146 due to eclampsia—52% of the whole.

Rhode Island had a total of 97, with sepsis claiming 29 and eclampsia 24—54%.

Connecticut had a total of 211 deaths with 67 due to sepsis and 54 due to eclampsia—57% of the whole number of deaths.

I appreciate that these figures are perhaps open to some criticism, as the septic cases unquestionably include not a few criminal abortions and the eclamptic and allied diseases include the chronic kidneys that break under the strain of pregnancy. It was shown some years ago that the death certificates were not wholly reliable, to say the least, by the investigation in Fall River by one of the public health surgeons, and it is obvious if a death return is made to appear as sepsis, it unquestionbly is. Rather than having too many deaths reported under sepsis, the probability is that there are too few.

These figures are a serious reproach to the medical profession. The reason that there is no concerted action against this terrible loss of life is because the deaths are scattered throughout the various states and no one physician has so many deaths that criticism is fastened upon him. Put them all together and they make harsh reading, which the profession must explain satisfactorily or else meet deserved

rebuke. They, we must all admit, are to a great extent preventable conditions and should not exist to any such degree. How can we prevent this unnecessary toll of deaths and what is its bearing on infant welfare?

In regard to the general practitioner, the chief criticism in relation to eclampsia I have to make is that he is not in close enough touch with his patient during her pregnancy. The fault, however, is not his alone. The community, as I shall later show, must bear much of this criticism. For the deaths from sepsis he alone must be held responsible—except in those relatively few cases of self-infection, which I feel are so few that they can be for our purpose disregarded.

What I have said about the physician not being in close enough contact with the patient in regard to eclampsia leads also to other difficulties at the time of labor. If the physician has not seen his patient before she falls into labor, if he has not gone over her pelvis very carefully to see that no disproportion exists between it and the baby, then in a certain number of cases he unquestionably will come up against hard operative work which will lead to serious maternal morbidity, if not maternal mortality and the loss of the baby.

Not a few of these cases where the disproportion has not been recognized early will be subjected to Caesarean section. The baby will be saved in many cases, however, at the expense of the mother, and we all well know that if the mother is sacrificed the chances of the baby growing up are materially reduced.

Medical schools do not turn out men sufficiently well-trained to manage every obstetric case that may come to the practitioner. I do not see how any more time can be allowed to obstetrics than is now given in the schools' curricula. How is it possible then to give the physicians a better training? The only way I can see is to require every graduate in medicine to have at least twelve months of training in a hospital where under proper tutelage he will obtain what he can not obtain in the medical schools. By this means he will acquire the technique so necessary for him to have if he would do obstetrics even tolerably well. If all men had this extra year's work in a hospital, they would be in a much better position to meet the difficulties of practice that they are sure to meet than if they started in without this training.

I further believe that if sepsis were made a reportable disease—if we knew we would be checked up—then I feel that we would be still more careful in our technique. I appreciate fully the difficulties in the way of making puerperal sepsis a reportable disease, but I feel the situation is serious and something radical should be done. My feelings may be influenced by the results we have obtained by making ophthalmia neonatorum a reportable disease. This condition has been almost wiped out—think for a moment what this has done for infant welfare. It was not that the physicians did not know how to prevent this scourge; it was because they were careless, and when the state

began investigating these cases, the number of infected eyes at once dropped. In the same way I believe if each of us realized a septic case would be scrutinized, we would give that added care that is necessary for a case to go right.

Now what has all this to do with infant welfare? Simply this—if mothers are lost the chance the infant has of growing to maturity is greatly lessened, and the first step in all infant welfare work is to safeguard the mother during her pregnancy—give her adequate care by well-trained physicians and bring her back from her pregnancy an able-bodied woman so that she can properly supervise her babies with the help of the many agencies that are about.

I purposely shall say but little of the midwife—I do not believe in her, I do not want her about. She is an anomaly that America ought not to countenance. It is said that she does better work than some of the poorer doctors. That, however, is no reason to allow her to exist. You nurses that are here are trying hard to keep your standards up. When Dr. Mayo came forward with the cry, "Wanted—10,000 sub-nurses!" you all stood up together against him. You social workers feel that to be of use you must have a sound training and resent the coming of anyone without this training. So it is with us physicians—we do not want two standards of medicine. We want all women looked after well, under a high standard of work. One thing I do believe—if midwives are going to be allowed to practice, then they should be carefully supervised and licensed, brought under rigid control and definite limitations, as they are in New York City. How much damage these women do unsupervised, how many babies are needlessly lost, no one accurately knows, for their bad results are in a great measure covered up by the physicians they finally have to call in. It is said that these women exist because of an economic necessity, and from the desire of the foreign women to be looked after by a woman. Neither of these reasons should be valid excuses to countenance this group of badly trained women.

Our efforts the past few years have all been directed to better obstetrics. To allow these women to practice does not tend to better prenatal care or better obstetrics. It has again and again been proved that by careful prenatal care the infant death rate is lowered—there is no gainsaying this. What we must demand is that each and every pregnant woman has this essential care. If these women continue work, this ideal will not be readily reached. How can we reach this ideal?

I have already spoken to you of the change in the training of the general practitioner. Now let me go on with the hospital. The hospital that takes obstetric work, the lying-in hospital, is the only hospital with the exception of those that take mental diseases, that is licensed. It seems to me that if you license a hospital, you must have satisfactory rules and regulations for the running of this hos-

pital. Not only should the rules and regulations be satisfactory and of a high standard, but the supervision should be adequate. I believe that we should attempt in all the larger hospitals, the hospitals of the community type, if possible, to develop a complete obstetric service—that is, that the physicians in charge of the obstetric service should be those men interested in obstetrics, wanting to develop it, willing and anxious to give up the time that is so necessary to have an obstetric service run satisfactorily. I want to see in all communities this service so developed that it has its own delivery and operating rooms, its own private rooms and its wards, so that it is a separate unit in the community hospital. The time is fast coming when we will not put an obstetric case into a ward with a sick medical case, or into a bed next to an acute and drained abdomen, with the same nurses looking after both. Such a service should have, if possible, one man in charge of the service, and responsible for the technique that is employed in the hospital. The standardization of the hospitals that the American College of Surgeons has attempted among the larger hospitals of one hundred beds or more will gradually spread, and the smaller hospitals will take up the standards of the bigger ones, adopt them, realizing that satisfactory, complete work can not be done in the slipshod manner that is now attempted in many of the hospitals.

It is here at the hospital that a prenatal clinic can be established where all women who can not afford to pay the fees for proper care should register and should come regularly for supervisory care. The hospital should be so equipped that it is prepared to take in any of the grave emergency operative work that so frequently comes in obstetrics, if we are going to safeguard the mother and the baby, and that means, if we are to have a hospital active in the care of emergency cases, we must have some physician who is able to look after satisfactorily these sudden emergencies. We must develop men who are interested in obstetrics, who do obstetrics well, who are able to operate with good results to both mother and child. That is what, at the present time, we have not. At the present time, there are not a sufficient number of well-equipped hospitals throughout the states to take in these desperately sick women and look after them properly. When they are sent into the various hospitals, not infrequently they are sent on the medical service and men supervise them who have not had the training, who have not the interest, and who regard obstetric work in the hospital as a bugbear, and do everything they can to get out of it. That state of affairs must not continue any longer than is necessary. Absolutely satisfactory work in the hospitals will not be done unless we have an obstetric service, run by interested men, capable of doing good work.

In large cities various prenatal clinics should be established, but to be effective they must be run in conjunction with well-equipped hospitals. A clinic that is not so connected will fail sooner or later to

give its patients complete, good obstetric care. The prenatal clinics give help to those in a community that are unable to pay for their care. The great middle class, however, will not go to clinics, and this class must be educated to the need of proper supervision.

Another point in the improvement of the obstetric results and the infant welfare is the improvement and marked increase that is necessary of the nursing service. I think at the beginning, when a nursing service for prenatal care or for obstetric work is put into a community, that the doctors at first are a little bit skeptical of the nurses. But I am perfectly convinced that, given a nurse with public health training, there need be no fear that she will not do what is absolutely right on the cases. Of course, to the physician who has his patients come to him early and who is in constant touch with the patients throughout the pregnancy, the nursing service is not necessary. But to that class of patients, and it is the largest class, who do not go to see physicians early, this prenatal care by the nurses can be developed to the greatest extent and will be of untold value to the physician and to the patient. It has been shown again and again that when there is a nursing service in a town or city, these nurses discover the pregnant patients much earlier than would be the case were the patient left to go to the doctor herself. The patient confides in the nurse very early that she is pregnant, and from then on she can have a close supervision of that patient. She also can persuade that patient to go to the physician at once for the necessary examinations that he must make. If it is the type of case that is going to be a clinic case, the nurse persuades the patient to go at once to the clinic and become enrolled as a patient. A well-trained public health nurse will under no circumstances carry along a patient unless she is under the care of a physician or a clinic. This is one of the difficulties of managing a nursing service where many midwives are about. A nurse hates to give up the oversight of a patient when she is being looked after by a midwife, and yet she can not go on taking orders or suggestions from a midwife, and of course, the natural thing for her to do is to persuade the patient to leave the midwife and go to a physician. The patient is between two fires. She wants the midwife for the delivery, and she knows the value of the nurse beforehand and after. More and more it is happening that the nurse persuades the patient to go to a good doctor in the community and to be looked after by him.

Now what does this nursing service do? Is it a help or is it a hindrance to the physician? The nurse drops in every ten days or so and sees the patient, does the urinary tests, if the doctor permits it, does only what the doctor wants. She to all intents is one of his nurses. She will not think of doing anything except by his orders. She relieves the doctor of much of the routine work of the prenatal visits, she insists upon the patient carrying out the doctor's well-known wishes, and she quickly discovers some of the abnormalities

which may appear. The nurse knows the importance of the various signs and symptoms. What to the patient might be a sign of no importance, to the well-trained nurse is of importance and she so reports it to her doctor, and the result is that the doctor gets early the emergencies and the complications, and is able to act as he knows should be done, when he wishes it, and is not driven to do some serious operation at an inopportune time. She sees to it that the preparations for the confinement are complete, and that the baby's things are ready, she helps in making plans for the household when the confinement is expected, and if the maternity service is included in the nursing service, a nurse is present with the doctor at the delivery. If we could so extend this nursing and maternity service to all women, it would do much to help wipe out the midwife question.

It is this development of the visiting nurse service that will lead to great improvement in the care we give our patients. Properly supervised by an active well-ordered committee, the visiting nurse can only do good. If she is not properly supervised under definite regulations, it is possible for her to work much mischief in the community in which she is. The help she can give the physician is untold. I am quite confident that if the maternity nurse service were greatly increased, the number of deaths of infants the first weeks of life would be lowered appreciably. The greatest loss of life in the first year comes in the first two weeks, and most of these deaths occur within the first few days. Exactly what the cause of this is is not absolutely clear, but it probably is lack of sufficient care at birth and immediately after birth. Of course, some of these early deaths are due to poor obstetrics—either the patients are subjected to too long a labor or else they are operated on too early and in a bungling manner. But many of these infants would survive if they were given better immediate care after birth, and this can be done by an increase in the nursing service.

During the war the Massachusetts Child Conservation Committee found by its investigations that the stillbirths throughout the State averaged about four per cent. That, of course, is too high a rate and it can only be lowered by proper supervision of all pregnant women, so that proper means of delivery is given each individual case. Syphilis is responsible for many of these stillbirths, and because of the frequency of this disease the larger clinics have made it a routine measure to have the Wasserman reaction done on all patients, and then, if necessary, place the patient on active anti-syphilitic treatment. In private work the Wasserman is not done as a routine measure, chiefly because of the greater intelligence of the better classes, for here, if a syphilis has occurred, usually the physician is told of it. But if there is any doubt in any case, a Wasserman must be done. Another cause of stillbirths not always recognized is the careless indiscriminate use of pituitrin to hurry delivery. The agents

of pharmaceutical houses tell of the wonderful results from this drug, carefully forgetting to impress upon the physicians the great dangers that occur when it is used.

Long first labors, combined with bungling operating, are responsible for many of the stillbirths, and this can only be changed by improvement in the whole management of obstetrics. In the past few years the enthusiasm for Caesarean sections has gone beyond all bounds. Women have been subjected to Caesarean section without any reason, and it eventually leads to a reduction in the birth rate, for few women want to have their abdomens opened each time their family is to be increased. The result is they avoid pregnancy by every possible means, and if they do become pregnant and go to a delivery, they request that they be sterilized. The physician recognizes the justice of this request, and grants it, thereby admitting the seriousness of repeated abdominal deliveries and at the same time stopping all further children.

Now what has the community to do in this situation? The community regards child-bearing a normal physiological act. It *is* a physiological act, but do you know anything in medicine that may become so quickly pathological, that demands instant decision if we are to obtain good results? An obstetric case may be long drawn out, often coming to a general practitioner after a hard day's work has been done. He goes to it tired out. He finds many times little to work with. His fees obtained are abominably small. His work is oftentimes little appreciated. Is it little wonder that under these circumstances he gives as little service as he can get by with?

Any community is given only what it demands. If a community is satisfied with disabled infants, the result of bad operative obstetrics, it will continue to have them. If a community is satisfied to lose its women through preventable obstetric complications, if they regard these deaths as fated, then they will continue to have them, but it seems to me the time has come to educate each and every community.

The preventable stillbirths, the deaths the first few days of life, are too many. The preventable deaths of mothers are also too many, and it is these that good obstetrics can and must prevent. These, did the community realize it, would soon be stopped if they demanded it. It is now a disgrace for any state to have a high incidence of typhoid fever. If it does occur, the entire force of the state's health department seeks out the cause and eradicates the source of infection. Likewise a high death rate from tuberculosis worries any community. In other words, when a community becomes educated to a fact that something is taking place that is unnecessary, that is a blot—then it seeks the cause and improvement takes place. When a community becomes educated to the fact that many of the deaths from eclampsia, from sepsis, and from the hemorrhages that occur in pregnancy are unnecessary, then will we see a decided improvement. The com-

munity is becoming more interested in its obstetric problems. It is awakening to the consciousness that good obstetrics has a very direct bearing not only on the maternal welfare but also on the infant welfare.

The interest that has been aroused by the passage of the Sheppard-Towner Act has done much to make the various states think whether or not the obstetrics done is good or bad and whether the infant hygiene work is satisfactory or not. It is well to take note that this legislation was initiated not by the medical profession, but was the outcome of the work of the Children's Bureau, which found that conditions in the country at large were far from satisfactory in relation to infant and maternal welfare. Whether we believe in the Sheppard-Towner Act or not is not for me to discuss today, but the discussion that has been brought out by this legislation can only be for ultimate good. It shows that the communities are awakening to the situation, and I trust it will show to the medical profession that it must do one of two things—either accept the legislation or present some other constructive program. No matter what happens, it seems clear that communities will not from now on accept complacently conditions as they now are.

From what I have said I would not have you think that the general practitioner is alone responsible for the conditions that now hold. On the whole the work that he does is good. There are, of course, many communities where poor work is done. In by far the majority of cases he does just as good work as the community in which he works demands. His shortcomings are to a great extent due to his limited training and lack of hospital facilities. If we are to have improvement, the communities must support their hospitals more solidly, and must help develop the nursing service to the greatest possible efficiency. The medical profession, on their side, must be leaders in this movement for better infant and maternal welfare work, but unless there is the closest cooperation on the part of all, no real ultimate good can come.

THE BOSTON BABY HYGIENE ASSOCIATION

ITS EVOLUTION AND ADMINISTRATION

WINIFRED RAND, R.N., DIRECTOR

THAT valiant pioneer, the visiting nurse, who set forth so many years ago to care for the sick poor in their homes, started a ball rolling which has added unto itself much more than its nucleus of home nursing care for the sick and has today become that great moving force called public health work. To care for the sick was the aim of those devoted women who, either on their own initiative or under the

direction of a religious order, first visited the homes of the sick poor. This was the first phase of development in public health work; thereafter it apparently progressed and retrogressed for centuries. It was positive in its aspect for it sought to overcome disease, but it logically led to the next step which was negative. Disease was still the center of the stage but the aim was to prevent it. It was an "anti" movement, which, after all, is negative,—a warfare of defence rather than conquest. Today, however, our eyes are turned toward health. We fare forth to a battle of conquest which has no negative characteristic. It is positive, for it seeks to achieve Community Health.

Child welfare work did not appear in the early centuries of visiting nursing. It had no part in the programs of those first Visiting Nurse Associations of the last century. But when "prevention" became the slogan, infant welfare organizations came into existence, first expressing their aims in terms of lowering infant mortality, but later developing programs of a more constructive nature. As an example of the change in point of view, witness the change in name of one organization from the American Association for the Study and Prevention of Infant Mortality to the American Child Hygiene Association.

From the first, the organization of infant welfare work involved something more than a visiting nurse association which employs, as Miss Gardner says, "but one type of machinery, its nurses." Just as public health work today is more than nursing work, so is the Child Hygiene Association of today more than a nursing organization, a fact which must be taken into consideration in working out a plan of organization.

What is the aim of a child hygiene association? The aim of the Baby Hygiene Association of Boston, which is, in reality, bigger than its name implies, is healthy babies and healthy children ready for school life for Boston. Who is involved in this accomplishment? Not the nurse alone! It is a task far too great for her to tackle single-handed.

The association is, therefore, not organized entirely for nursing work. Pediatricians, orthopedists, psychiatrists and various other specialists, as well as nurses and nutrition workers, are necessary in working out a plan for accomplishing the aim of the association.

How can the various elements be included and correlated to make a homogeneous and working whole? The Baby Hygiene Association has evolved a plan which stands the test, for it works—and "the proof of the pudding is in the eating." The word evolve is used intentionally, for the existing plan has been reached through evolution and it is the result of experience gained through trying other plans.

First there is the governing body, the board of trustees. From the beginning, this board has been made up of men and women, lay people and professional people. The medical profession has always

been represented on the board. It took, in fact, a most active part in the formation of the first Modified Milk Committee which was the Baby Hygiene Association in embryo. The City Health Department is also represented on the board. There are also the various committees necessary to the financing and management of an organization expending private funds, such as the finance and publicity committee and the committee on local organization. This latter committee's function is to develop local interest and support for individual stations through local organization. It must always be borne in mind, especially in these days when so much is said in favor of financial federation, that interest is often caught and held effectively for the smaller and more personal thing which each station in its own locality can become to a special group. Time and again money which would not otherwise be given is given for a special need in a special station.

In addition to such committees there are two which have to do directly with the professional work of the Association. The organization is doing medical work and there must, therefore, be a professional body controlling the medical policy. Such a committee, the chairman of which is ex-officio a member of the board, is appointed by the board of trustees. Pediatricians, obstetricians, orthopedists and psychiatrists are represented on this committee and all matters pertaining to the practice of the conference physicians and policies which may involve the medical profession come to them for discussion and decision or recommendation to the board. For example, this committee decides as to the type of cases the Association is prepared to care for. It sets the standard of the milk supply to be recommended to the mothers. It decides as to how far the nurses can go in giving advice in the homes in regard to the children's care. It passes on diet slips or any instructive sheets which are to be printed and distributed by the Association. It also makes recommendations to the board as to what stand they should take in regard to legislation or public matters which involve a medical opinion.

The appointment of a medical director is made by the board on the recommendation of the medical committee. This committee may meet alone; as a matter of fact, it usually meets with the director and medical director.

Another important committee, the chairman of which is a member of the board, is the committee on field work. This committee, made up of both lay and professional people who are not necessarily on the board, takes up matters pertaining to the work in the field which is carried on by nurses and dietitians. Routine field work, its general supervision, its development and readjustments, its relation to other agencies, are matters brought up for discussion to this committee. Matters involving finances must be referred to the board for recommendations. Other matters properly belonging to the committee may be decided by them. This committee meets with the

director and with other members of the executive staff as it desires. As the work of the Association has grown and the nutrition work has developed into a department of its own, the committee on field work has been enlarged by a sub-committee on nutrition.

The executive staff consists of a director, a medical director who might be called the head of the medical department, the heads of whatever other departments may be organized and the supervisors. To begin with the field work on which an association stands or falls: the field workers are nurses and dietitians, and their supervisors, therefore, are necessarily workers trained in the same profession and fitted for supervisory work. The heads of whatever departments are organized, and as the work for children develops various departments are inevitably developing, are specialists in their particular field. The medical director, who is a pediatrician and a part-time worker, is at the head of the medical department. A psychiatric department is just being developed with a psychiatrist at its head and also an orthopedic department. The nutrition department is directed by one trained in dietetics in public health. The heads of these various departments, with the exception of the nutrition department, are only part-time workers giving varying amounts of time. As the work develops, the time required will probably increase, but such an arrangement makes it possible to have the services of specialists for professional matters without calling upon any of their time for the details of execution. It is not good economy to use the time of a physician who is a specialist in some branch of his profession to do executive work.

The director of the Association is responsible to the board of trustees for the carrying out and the carrying forward of the work of the Association. Since the work done by the Association is professional it calls for a professional leader,—it may be a physician or it may be a nurse. It should, however, be a full-time position and not, like the department heads, a part-time one. That person who is responsible for all of the work needs to be in touch with all branches of it during the working hours of the twenty-four,—and those hours may too often coincide. If the association is small, the director may combine with executive responsibilities either the supervision of the medical department or the nursing department, depending upon his or her profession, but the essential point is that he keeps a finger on the pulse all the time. A part-time worker is apt to change more often than a full-time worker and it is therefore better to use the part-time worker in the position where a change will not affect the work as a whole.

The calls made upon the head of an organization which is serving the community for the sake of the children of today and tomorrow are numerous and varied. They come at all times, from all sources, and they must be answered, for the call of a little child, through whatever channel it may come, must fall on the listening ear.

MOTHER AND CHILD HEALTH TALKS

Number 8

The Treatment of Constipation in Infants and Children

WALTER R. RAMSEY, M.D., ST. PAUL

BARRING some malformation of the digestive tract, there is no such thing as constipation in a wholly breast-fed infant. By constipation is meant that the stools are hard and dry.

The normal number of movements for a new-born baby is from one to three during twenty-four hours. A greater frequency almost invariably means overfeeding, or the taking of cathartics by the mother, the drug being frequently eliminated in the milk.

At the University Hospital the daily number of stools in three hundred consecutive new-born babies averaged less than two. No case had any cathartic, enema or suppository, and in no case was any evidence of constipation observed.

There is considerable difference between individual infants regarding the number of stools, depending largely upon the amount and richness of the mother's milk.

For example, certain infants who are well and gaining normally in weight will have a movement only every second or third day and then have a normal one. The cause of this infrequency is due to the fact that the mother's milk in that particular case is rather low in fat and, the quantity not being in excess of the actual needs of the infant, most of the food is used up in producing heat and growth, leaving little residue.

This residue which gradually accumulates in the rectum is what, if nature is left undisturbed by cathartics, eventually produces a normal evacuation. When the bulk of this residue is sufficient, "a message," which when translated means "full," is sent over the telephone wires—the nerves, to headquarters—the brain, the trap is automatically opened, the contents expelled and the door reclosed.

If nature is left undisturbed, judging from the animal world, she will not fail to act.

If the baby is gaining in weight and otherwise well, no anxiety need be felt because he does not have a movement daily.

The beginning of constipation in practically all cases is the classical dose of castor oil on the second or third day after birth.

What is said of castor oil applies relatively to all other cathartics as well. It is safe to say that more failures in breast feeding are due to castor oil than to any other one cause.

Castor oil, grandmother notwithstanding, is not the soothing panacea for all the ills to which children are heir.

Contrary to what is generally thought and taught, castor oil is an actual irritant to the intestinal tract of every child. After several

doses of castor oil, blood may usually be found in the stool, under the microscope.

It should be apparent if a dose of any cathartic is given and the intestine swept clean that it will be impossible for the child to have another normal movement until sufficient residue reaccumulates in the bowel to make such a movement possible. If, therefore, another cathartic is given on the following day and the succeeding day still another, it is readily seen that no normal movement can ever occur.

Suppositories and enemas, although not so harmful as cathartics, are unnecessary and as long as persisted in no normal evacuation will occur. Colic, for which enemas are commonly given to infants, is simply another name for overfeeding. When the cause is removed the colic will disappear and the necessity for the enema.

What has been said up to this point refers wholly to breast-fed infants. On the other hand, in the case of infants or children fed on cow's milk, constipation is the rule. Cow's milk was designed by nature for calves and not for babies. There is no way by which cow's milk can be juggled so as to become mother's milk.

The use of cathartics, however, in artificially fed infants is just as harmful as in those fed at the breast as the quantity will of necessity be greater. Cow's milk must, therefore, be modified so that it will be less constipating. The constipation, that is, the hard, dry stools so often seen in infants fed on milk mixtures, is very often due to an excess of cream. This is particularly true when the stools are pale and chalky in character.

In such cases, the constipation may be relieved by giving less or no cream for a period, and by mixing the milk with oatmeal, barley or some other cereal gruel. The addition of a moderate amount of malt sugar often has a laxative effect.

Even in very young infants fruit-pulp, such as oranges or prunes, put through a sieve, and a little later vegetable puree, may be given with good results. In children over a year old the giving of much coarse food such as graham bread, vegetables and fruits will do much to relieve constipation. Many children drink too much milk. No child should have to exceed a quart in twenty-four hours and many may with advantage have much less.

In all cases absolute regularity is one of the chief factors in promoting the normal function of the bowels.

Young infants may after the first few months be taught regularity. For older children regularity is indispensable. No child should be permitted to leave the house in the morning, either for play or for school, until he has had a proper evacuation.

If this is persisted in it soon becomes a habit which will persist throughout life and without which no individual can be well and happy. Cathartics should be reserved for emergencies and then given only when the simple enema has failed.

MOTHER AND CHILD

A Magazine Concerned With Their Health

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SEPTEMBER, 1922

The Washington Meeting

From indications apparent even at this early date the Thirteenth Annual Meeting of the American Child Hygiene Association, which will convene in Washington on October 12th, will prove to be the largest and most successful in our history.

The Association was just gathering headway when the World War came and almost wiped out the results of the careful and devoted efforts of those who had nursed the organization in its days of infancy. With the advent of peace an earnestly successful effort was made to take up the work where it was left off in 1918 and to carry it even farther. The enlargement of activities and the amplification of personnel, the publication of this magazine, MOTHER AND CHILD, and finally the removal from Baltimore to more commodious quarters in Washington are all material manifestations that the American Child Hygiene Association is now a successful concern, with a record behind it of remarkable achievement and a prospect before it of almost limitless possibilities.

Nothing could be more appropriate, then, than that to celebrate such a renaissance of child hygiene work in the United States, our members should meet this year in the National Capital to discuss national as well as local problems.

The Honorable Herbert Hoover, Secretary of Commerce, who has done so much for this organization during his tenure of office as its President, will open the session on October 12th. Mr. Hoover will also deliver the Presidential Address at Continental Hall, and will be assisted by other speakers, including Sir Auckland Geddes, the Ambassador from Great Britain, who is an eminent physician as well as a diplomat. A program of unusual worth has been compiled by Dr. Richard Smith, including sessions in "Nutrition Training", "The Pre-School Child", "Maternal Welfare", "Private Child Health Organizations", "Medical Problems of Child Hygiene", and so forth. Conferences of Directors of State Divisions of Child Hygiene and of "Nursing and Social Workers" will also be held.

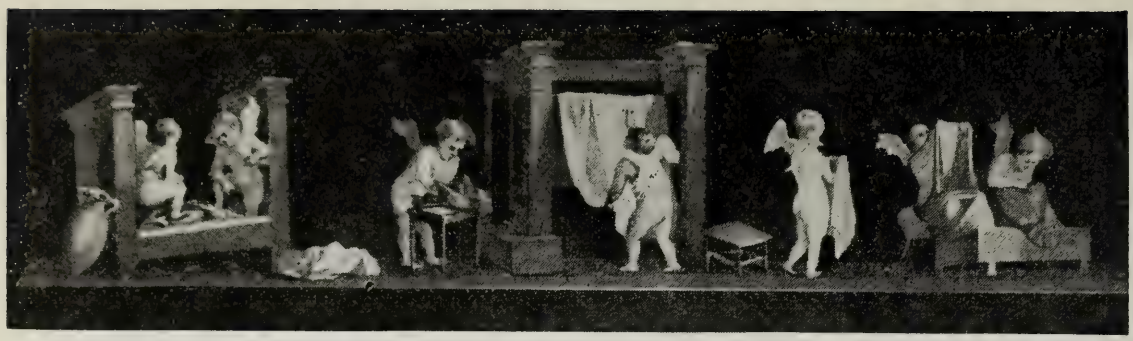
A garden party or reception will be arranged for as well as drives about the city and visits to various points of interest. Even without these formal entertainments Washington is a city of many and various attractions. Numbers of delegates will wish to see the Children's Bureau, the United States Public Health Service, the Pan American Union, the National American Red Cross, the Library of Congress, the United States Department of Education, the Surgeon General's Library and the Medical Museum, the Corcoran Art Gallery, the National Museum and the Smithsonian Institution. The lure of the parks and the Potomac River, including visits to such hallowed spots as Mount Vernon, or to the home of John Marshall, veritable shrines of colonial history—these will surely attract those who are paying their first visit to Washington. And even those for whom the city itself has lost some of its novelty will find things here which, like other things of perfect beauty—the great Cathedrals or the Beethoven symphonies—can never pall or lose their charm. To view the Lincoln Memorial at sunset, or to stand at Arlington under the arches of the great marble amphitheatre And look Past the grave of the Unknown Soldier toward the Potomac, with the buildings of the marble city rising like white lilies from the green expanse of trees and park lands—this is to know sheer beauty—a Loreli song of art and nature, which cannot grow old and cannot be forgotten.

The crowded conditions of wartime no longer exist in Washington and quarters may be secured either at hotels or at boarding houses, or even in private homes, at reasonable prices varying with the kind of accommodation desired. All of the activities of this meeting will center around a neighborhood well within a radius of a few blocks.

The Official Headquarters will be at the New Willard Hotel, and a number of the sessions will be held in its ballroom.

Special exhibits of interest to delegates are being arranged in various governmental departments. A bureau of hotel and house accommodations is being formed and information is to be found concerning rates, and so forth, in the special program folder accompanying this issue of the magazine. The attraction of reduced railway rates which have been arranged for is also an incentive, and those who wish to take advantage of this feature should write to the Assistant Secretary, at 17th and F Streets N.W., Washington, D. C., for information. A stamped and addressed envelope should be enclosed for reply.

No member should fail to make arrangements to come to the Thirteenth Annual Meeting in October.



From Monumenta Pompeiana.

THE DAY'S WORK

COLONEL GARRISON

The news that Lieutenant Colonel Fielding Garrison, for many years Assistant Librarian at the Surgeon General's Library and Editor of the Index Medicus, has left for army duty in the Philippines, will be received with deep regret by the readers of this publication who may have reason to know the substantial aid and encouragement with which he supported our early ventures into the field of bibliography and Child Welfare literature. As a member of our Advisory Editorial Board, his active and enthusiastic cooperation was evidenced from the beginning and never flagged up to the moment of his departure. Frequently such offices are purely passive and ornamental and the incumbent lends his name and that alone. But those who know Colonel Garrison well know also that his inexhaustible storehouse of knowledge of medical literature combined with the genuine altruism of his personality made it impossible for him to be static in an enterprise where knowledge and advice were needed; and so it was that as an Advisory Editor his work was possibly of even greater importance than that of any of the active members of the editorial board.

So with regret that we are losing him for a time, we wish God-speed and a safe return to Colonel Garrison—not only for personal reasons, but particularly because he has proven himself one of the most valued and least ostentatious of all the friends and helpers of MOTHER AND CHILD.

RECREATION CONGRESS

Several hundred men and women who, paradoxically, make play their work, are coming together in Atlantic City from October 9 to 12 for a Recreation Congress—the ninth gathering of the kind to be held in this country. To this Congress will come city superintendents of recreation, playground directors, physical training instructors, Scout masters, Camp Fire guardians, settlement workers and representatives of many kinds of local and na-

tional groups. They will discuss such varied subjects as the organization of city-supported systems of recreation, Girls' and Boys' Clubs, municipal camps, compulsory physical education, the best and most modern kinds of playground equipment, how to build a community building, how to develop a Little Theatre Movement in your town, and how to raise money for recreation. They will consider ways and means for increasing the sum total of free-for-all recreation in big cities, in small towns and in rural districts.

The headquarters of the Congress will be Chalfonte-Haddon Hall. For further information address the Recreation Congress Committee, 1 Madison Avenue, New York City.

NURSES ON TOUR

Nurses of the Minnesota Public Health Association are to tour the State in automobiles and give in certain counties which have requested their services demonstrations covering tuberculosis work, care and feeding of babies, care of the teeth, and general public health education work. Their equipment includes a motion picture machine, scales for weighing the babies, a life-size doll for demonstration purposes, a sterilizing outfit, and other things for use in demonstrating infant care. Wherever possible nutrition classes will be organized and an effort will be made to interest local organizations in continuing them after the nurses leave. So many counties have applied for the visit of the nurses that, with one exception, only counties without nurses have been scheduled for visits this year. (*Minnesota Health Journal,* May 11, 1922.)

DOCTOR WATTERS

Dr. Ethel Watters is now the Associate Director of the Maternity and Infant Hygiene Division of the United States Children's Bureau. Doctor Watters has been Director of Child Hygiene in the California State Board of Health since 1919.

MORE AND BETTER MOVIES

"The Society for Visual Education, of Chicago and New York, has been appointed agent of the American Red Cross in the distribution of the large library ot motion picture films which the Red Cross produced during and since the war. This library contains films on Red Cross activities at home and abroad, many beautiful scenics taken in Europe, Africa and Asia, industrial pictures showing processes of cultivation and manufacture, films on health subjects and child life in many lands. The latter class includes a number of new films recently taken by the Junior Red Cross in Europe, and are in the form of letters from European children addressed to American boys and girls. These films are being made available in all sections of the United States through the offices of the Society for Visual Education, its agencies, and the extension departments of some

of the universities, in addition to the school films already produced by the Society.

Major Edward Stuart, until recently in charge of the Motion Picture Bureau of the Red Cross, and formerly the director of health propaganda for the Rockefeller Foundation and League of Red Cross Societies in Europe, is now associated with the Society for Visual Education and in charge of its work in the Eastern States."

OUT-PATIENT CLINICS

The Section on Pediatrics of the Associated Out-Patient Clinics, which in 1914, adopted standards for Class A, B and C clinics, was reorganized on May 10, 1922, with the following officers: Chairman, Roger H. Dennett, M.D.; Vice-Chairman, William P. St. Lawrence, M.D.; Executive Secretary, Gertrude E. Sturges, M.D. Executive Committee: Murray Bass, M.D., Stafford McLean, M.D.; Marshall C. Pease, Jr., M.D., Mark S. Reuben, M.D., Frank Howard Richardson, M.D., Louis C. Schroeder, M.D., Charles Hendee Smith, M.D. and the officers.

It was the opinion of the Section that the grading of clinics by an approved standard would serve as a strong lever in the improvement of clinic service. The Executive Committee of the Section was consequently instructed to proceed with the revision of the former standards and with the grading of the pediatric clinics represented in the Association.

The Section also discussed the desirability of a model pediatric clinic as a demonstration. Since it was thought that the operation of such a clinic would be an excellent method of stimulating the improvement of pediatric clinics, it was decided that the Section propose the plan to the Executive Committee of the Associated Out-Patient Clinics and request funds to assist in such an enterprise. It was agreed that the selection of a place for the demonstration should be on a competitive basis, that the competition should be open to all member institutions of the Associated Out-Patient Clinics, and that the principles governing the selection of a demonstration site shall be agreed upon in advance and made public.

VACATION VILLAGE

In Forest Park, near the heart of the city, but out of sight of passers-by, St. Louis has provided a place for her people to take a summer vacation. Showers and a playground have been installed, and cots and cooking utensils have been furnished by the local Red Cross Chapter. A common kitchen is conducted under the auspices of the Community Kitchen Club. By this means it was possible, during one season, to furnish meals to guests at the rate of eleven and two-thirds cents per person. "Vacation Village" is used by families from congested quarters of the city, who are recommended by social organizations. (*The Nation's Health,* May 15, 1922.)

THE NEW HAVEN HEALTH CENTER

Editorial comment on the New Haven Health Center appeared in New Haven *Journal-Courier* of June 14th, as follows:

"An interesting milestone in the road to preventive medicine" is the opening comment on the New Haven Health Center made by the local medical association. That the medical association unqualifiedly upholds the Center is conclusive proof of its usefulness. The board of health of the municipality also approves.

The Health Center reports that during its 23 months of activity it has established a full-time medical examination and consultation service to which 9,000 visits have been made by 4,300 individuals; a prenatal clinic, two new infant welfare conferences and four new pre-school conferences, to which 4,570 visits have been made. The visiting nurse association has placed three additional nurses in the district, and nursed 3,856 individuals. It has performed the duties of epidemiologist for the district and has inspected more than 5,400 children with the object of preventing the return to school of pupils not yet free from communicable disease. It has used the modern methods of health education.

The Center has given medical and health supervision to six local organizations; brought about the supervision of midwives; performed 1,500 vaccinations and examined 645 children before entering school. It has formed a local advisory council of 30 leading citizens and organized block workers. Special emphasis has been laid upon pneumonia, rickets, and the communicable diseases.

Over 60 per cent of the families in the district have made use of the Center's consultation service. The future of the Health Center must depend upon the inhabitants of the district which it is serving, the development of the community conscience in regard to matters of health being an essential requirement for the complete success of any community health organization.

OREGON HEALTH EXPOSITION

Plans are being laid for an extensive Oregon Health Exposition, to be held in Portland, Sept. 28th–Oct. 7th, under the auspices of the State Board of Health and the Portland Health Department, with the cooperation of the National Health Exposition Association, the United States Public Health Service, and other National, State and local organizations and departments.

INCREASE IN PRENATAL CARE

The Annual Report of the Detroit Visiting Nurse Association for 1921 shows that the Association had on its staff 65 visiting nurses. Almost 6,000, or about 64 per cent of all the new cases coming under the care of the Association, were puerperal. The eagerness for instruction in prenatal care and the effectiveness of the response among both the well-to-do and the poorer women was encouraging. Forty-five nationalities were represented among the patients.

TRAVELING DENTAL CLINIC

The commissioner of health of Greenville County, South Carolina, has been authorized to establish a traveling dental clinic, to operate for three months, for the benefit of the school children in the rural districts of the county. This is the first clinic of its type in the State. (*Journal American Medical Association,* April 15. 1922.)

GEORGETOWN PARADE

The children of Georgetown, Delaware, and vicinity, had a Fourth of July parade that proved to be "one of the most interesting spectacles one could see!" A long line of gaily decorated go-carts bearing children or dolls wended its circuitous way around Georgetown's famous "green." Boys rode on ponies or in little pony carts. Girls dressed in fancy costumes, and little toddlers pushed dolly coaches. Little Red Riding Hood was there with a very tame wolf named "Towser." The Daisy and the Buttercup sported along in line with Mother Goose and her children. Of course, the bride and groom were on the scene, and the groom burst into tears when he was told that the bride must take his arm! The "Health Center Baby" was a show in himself. Folk dancing followed on the green and would have continued for several numbers had the thunderstorm gone out to sea instead of bursting over the heads of the assemblage. Wonderful possibilities along this line lie open for other Centers to develop. Georgetown has set a pace that will be hard to duplicate in any town of Delaware. As a consequence of the parade over two hundred new children have been registered in the Center of that town. (*Bulletin of the Delaware Child Welfare Commission,* July, 1922.)

A WEEKLY HEALTH INDEX

The Department of Commerce is publishing each week the census mortality reports from the largest cities in the United States.

There are given for each city the total number of deaths reported (still-births excluded), the death rate, the number of deaths under one year of age, and the infant mortality rate based on deaths under one year for the week and estimated births for the previous calendar year.

Data for the corresponding week of the previous year are given for each city, and also, for comparisons, the infant mortality rate for 1920.

As weekly figures always fluctuate widely, caution must be used in their interpretation. However, these totals and rates permit valuable comparisons and serve as a ready health index for health officers and others.

Additional figures supplied by the industrial insurance companies furnish each week a valuable index of mortality for comparison with the mortality rates of the 100,000 cities.

From Monumenta Pompeiana.

THE FOREIGN FIELD

ENGLAND AND WALES

SCHOOL MEDICAL SERVICE

The annual report of the chief medical officer of education shows the extent to which the school medical service has grown in a few years. During the year 1920-1921, the children who attended the public elementary schools of England and Wales numbered 5,187,000. Of these, approximately 2,400,000 were medically examined during the year, in three groups, at the ages of 5, 8 and 12 years, the first age being that of entry and the last that of leaving school. Of the 2,400,000 children examined 47.9 per cent were suffering from defects.

The percentage of defects was found to be smallest in the residential towns, while the rural areas were scarcely ever better than the industrial towns or than London; indeed, in diseases of the nose and throat, they showed the highest return of all four groups.

When the school medical service was started, three disadvantages were anticipated: that it would pauperize the parent and destroy the sense of parental responsibility; that it would impose an unremunerative burden on the ratepayers, and that it would have a detrimental effect on the work of the private physician. An important indirect effect of the service is that it has taught the educationist that children must be handled as individuals and not in bulk. A growing interest of teachers and parents in the health of children is evident. It is becoming the custom for school medical officers to undertake collective investigations into the health of children.

A BREAD BILL

Before the war, a press campaign was carried on in favor of bread made from what was called "standard flour" (flour which contained the germ and pericarp of the wheat, unlike the ordinary white flour which was then used almost exclusively). Bakers, much against their will, produced what was called "standard loaves" which were not white, like ordinary bread, but of a darkish color. The bread did not sell, and in spite of the campaign in which it was shown that standard

bread was much superior as an article of food, it soon disappeared from the bakers' shops.

A bill has now been introduced into Parliament to regulate the composition of flour milled as standard flour and of bread sold as standard bread. The object is to enable the public to know whether bread offered for sale contains the component parts of the wheat grain which are essential to nutrition, and "to encourage as far as possible the milling of wheaten flour and wheaten meal, and the consumption of wheaten bread in which such important parts are included." Medical research on vitamins is a new factor in support of the use of whole meal flour, especially for children. Yet, at the present time, only a small proportion of the bread sold contains the germ and other important nutritive elements in the wheat grain. The promoters of the bill assert that when such bread is the principal element in the diet of children, it is productive of debility, and development is arrested. (*Journal of the American Medical Association,* June 10, 1922.)

IDEALS OF PARENTHOOD

The National Birth-rate Commission is making a study of the subject of "the development and education of young citizens for worthy parenthood." A great deal of evidence is being obtained by the Commission from various sources. Among other things, it is investigating "the extent to which worthy ideals of citizenship and parenthood are inculcated by education in its widest sense, by religious influence and by the atmosphere of the home, the school, the university, the workshop and the factory. (*Welfare Work,* London, June, 1922.)

POST-GRADUATE COURSES

The Women Sanitary Inspectors' and Health Visitors' Association has recently held a two weeks' post graduate course at King's College, London, for women health workers. This is the first course of the kind to be organized, and fifty women public health officials were in attendance.

The lectures were delivered by specialists in the several subjects, and followed by group discussions. Lady Barrett spoke on ante-natal hygiene; Dr. Elizabeth Sloan Chesser on breast feeding; Dr. Ethel Luce on vitamines; Miss E. Eckhard on economics; Miss V. Cumming on how to give health talks, with demonstrations; Dr. Hector Cameron on the psychology of the child; Dr. G. W. Smith on the psychology of the mother; Doctor Kirkhope on the health of the school child; Dr. Anwyl Davies on venereal diseases Dr. A. F. Tredgold on mental deficiency; Dr. Lawson Dick on rickets; and Dr. Eric Pritchard on artificial feeding. In addition to the lectures, visits were made to various places of particular interest to health workers, and opportunities were given for the exchange of ideas and experience. Part of the value of the course is

indicated in a letter received from one of the students: "We were inspired to renew our efforts, and we are feeling enlivened and refreshed, both mentally and physically. It has been truly beneficial to mix with workers from other districts, to sit instead of stand or walk, and to be a listener instead of a teacher." (*National Health,* May, 1922.)

SCOTLAND

TRAINING OF HEALTH VISITORS

The Scottish Board of Health has recently issued a very interesting memorandum on the conditions governing the certification and registration of Health Visitors. The Board does not lay down any absolutely dogmatic scheme of instruction, but contents itself with broad outlines, dividing the scheme under two heads, that of specialized instruction, and that of practical experience in hospital or similar work. The specialized instruction course is to cover not less than one and a half years, and should follow a student's intermediate or secondary school course. It should include elementary anatomy and physiology; general hygiene; personal and clinical hygiene; public health administration; social science and economics; office work; dietetics and household management.

On the point of practical work, not less than two and one-half years are to be spent in hospital or other work of a similar nature. Here again the Board does not proceed to dogmatize, but leaves it with the training institution to cooperate with hospital institutions in providing this branch of the training of Health Visitors. It is, however, assumed that all instruction in purely medical subjects, such as fevers and the more common acute diseases, will be provided in the course of hospital work. Where the time devoted to such work would not readily permit of instruction in diseases of the eye and of the skin and in venereal diseases, an arrangement might be made whereby this work could be overtaken, in whole or in part, by lectures and by practical work in special departments of hospitals or in clinics, during the specialized instruction part of the training. The practical training includes instruction and practice in general medical and surgical (including gynaecological) nursing; the nursing of sick children; the nursing of infectious and communicable diseases (including fevers, tuberculosis and venereal diseases); nursing in special hospitals for the treatment of ailments of the eyes, ears, nose, throat, skin, and so forth.

The personality of the Health Visitor is of extreme importance. Temperament, the Board points out, is no less important than training. If a Health Visitor's service is to yield the best results, she must be a woman of tact, patience and good sense, and if she lacks in these qualities, she may bring the whole service into

disrepute. To eliminate the chance of ultimate professional failure, the Board stipulates a period of two years' probation after the close of training, together with an age limit of 25 before final certification. (*National Health,* June, 1922.)

Sir Leslie MacKenzie, of the Scottish Board of Health, has written to Miss Wedgwood in reply to her request for information concerning the Health Visitors mentioned above, as follows:

"You will observe that we use the term 'Conditions' and not 'Regulations.' The term 'Regulation' has a definite statutory meaning within the statute constituting the Scottish Board of Health and the Board has no express powers to make 'Regulations' for the certification of Health Visitors. Neither has the Board any power to enforce such regulations. Consequently we have used the term 'Conditions' and the whole system is purely voluntary so far as the candidates are concerned. The conditions, however, have been issued in response to a very widespread and pressing demand for standardization of the work of Health Visitors. But the number of such offices in Scotland is very small and we have thought it prudent to make the course rather exacting with the view to a better selection of types of officer. Unfortunately, the salaries to be expected are not high and the 'Conditions' cannot affect a very large class. None the less, there is an obvious wish among interested women to qualify along these lines and, whether they become whole-time Health Visitors or not, they seem to have a desire to add this qualification to their other technical qualifications.

"We find, for example, that a large number of trained nurses are anxious not to be shut out from this order of work. They are, therefore, at least many of them, desirous of taking specialized courses in addition to the ordinary four years' training. In the 'Conditions' we have provided for such shortened courses and we expect that, at the commencement of this system, by far the greater number of applicants will enter for the shortened courses. To meet this position, we have made the course as elastic as possible. We are prepared to recognize any reasonable exchange of equivalent courses, whether these have been taken during the nurse's training or during any preliminary training. But we shall take care that the courses especially directed to the training of Health Visitors as such shall be substantial and effectual.

"You will notice that we have not attempted any exact definition of Health Visitor. It is very difficult to find any definition that will strictly differentiate between a Health Visitor and a Visiting Nurse. In practice, there is no difficulty. It is not so much the difference in total functions as the difference in point of view that matters. Psychologically, the nurse trained exclusively on the

treatment of sick persons tends always to look for morbid conditions and to overlook the slight deviations that may ultimately become morbid. In the early stages of School Medical Inspection, we found the same bias among medical men. This is now a thing of the past and I have little doubt that, in time, it will disappear from the nurses; for every day brings into clearer consciousness the need for understanding the methods of maintaining physiological conditions right through the processes of growth."

GERMANY

COUNTRY VACATIONS

Country vacations for children from 14 to 16 years old who are not strong enough to take up a trade are being provided by the Municipal Children's Bureau of Berlin. The children are placed in farmers' families for periods of three to six months where they do light work in return for their board. The Bureau takes the necessary measures to prevent exploitation of the children by their hosts. (*Vorwarts,* February 2, 1922.)

CHILD WELFARE APPROPRIATIONS

The appropriation for child welfare in the Prussian budget for 1922 included 10 million marks for subsidies to communities employing midwives, as compared with 120 000 marks for this purpose in 1921; one million for subsidies to infant welfare work, which is the same amount as last year; ten million for welfare agencies for children above school age and for training welfare workers; two million for welfare work for neglected children and those in danger of becoming delinquent; 48 million for the administration of the law on the public care of minors. Considerable increases are made over the appropriations for last year, due to the depreciation in the value of the currency. (*Munchener Medizinische Wochenschrift,* February 17, 1922.)

JUGOSLAVIA

MATERNITY BENEFITS

The maternity benefit clauses of a new social insurance law went into effect early in 1922. In addition to the free medical treatment, sick benefit, medicines, and medical supplies received by all insured women in case of sickness, the insured mother is entitled to the services of a midwife, medical treatment if necessary, and a benefit amounting to three-fourths of the basic wage for two months before and two months after confinement. In the case of a live birth, the woman receives a premium equal to 14 times the basic daily wage. If the mother nurses her child, she receives a nursing benefit to be paid for 20 weeks beginning with the third month after confinement. Non-insured wives of insured men receive in case of childbirth the necessary medical care, a benefit for four weeks before and four weeks after confinement, and the same premium as the insured women. (*Sociale Praxis,* March 15, 1922.)

RECENT LITERATURE ON MOTHER AND CHILD WELFARE

BOOK REVIEW

The Nervous Child. By H. C. Cameron, M.A., M.D., F.R.C.P. Oxford University Press, 1920. Pp. 190. Price, $2.40 net.

When modern preventive medicine received its great impetus from the bacteriological studies of Pasteur and his followers such tremendous progress was made in sanitary science that only extrinsic and environmental causes of disease were deemed worthy of serious investigation. The rapidly declining death rate, especially as shown in the tables of infant mortality, was the best sort of proof that good work was being accomplished in the prevention of food and water borne diseases, and the ordinary infections. When this sudden decline in infant mortality began to appear less critical in its descent, until at last the rate remained more or less stationary, then, and not till then, did the medical profession begin anew to investigate causes of disease and death among infants other than the specific infections. This brought campaigns for infant and maternal welfare well to the fore, and again the line began to descend, and to continue to descend, and again looking forward, the thinking physician found a comparatively unexplored field in applied child psychology.

Sir Hector Cameron was a pioneer not only in maternal and child hygiene, but also in such later developments as induced a special interest in the study of the mental hygiene of the child.

"More and more," he says, in his Preface, "a considerable part of the profession must busy itself in nurseries and in schools, seeking to apply there the teachings of Psychology, Physiology, Heredity and Hygiene. To work of this kind, in some of its aspects, this work may serve as an introduction. It deals with the influences which mould the mentality of the child and shape its conduct."

This is a large subject indeed, and the marvel is that Doctor Cameron has been able to condense it in such a small space. And yet, our exact knowledge of the "mechanism of character formation," to quote Dr. William A. White's apt phrase, is so limited that a small volume may well contain all of its essentials.

The remarkable feature of Doctor Cameron's admirable book is the fact that, although writing for physicians, he has used language so non-technical and expressed himself so clearly and yet so adequately, that the book may be placed in the hands of any intelligent mother with the assurance that she will have no difficulty in understanding its contents.

The manual is not in the least

degree polemical or controversial. Friends or enemies of Freud, enthusiasts or decriers of Montessori, will find nothing here to feed on. It is a readable and rational book written out of a wealth of practical experience and scientific study by a master of good English and a past master of good sense.

Doctor Cameron discusses the relations of physicians, mothers and nurses, the nursery life of the child, certain nervous food habits, sleep habits, enuresis and other habits of children, rest and play, sex-education, school training, and so forth. All of these are not only discussed but remedial training is suggested. No book on this subject that has appeared so far can compare with Doctor Cameron's little manual in lucidity of expression or practical utility.

—JOHN FOOTE.

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Our Federal laws, like the old common law, make no distinction between adults and children. This inquiry covers, so far as information was available, the numbers of children violating Federal laws in 1918, and 1919, their ages, the types of offences committed, the methods of procedure, the dispositions made, and, to a limited extent, the home conditions and social histories of the children.

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Good Nutrition and Adequate Food Allowances for the Family. Prepared by the Committee on Economic Standards of the New York Nutrition Council, June, 1922. 16 pages.

The paper undertakes to answer in simple terms the question of diet suitable for children of different ages, how to determine the cost of such a diet and simple nutrition facts that every social worker should know.

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HUMANITY
EDITH CAVELL
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MOTHER AND CHILD

A Magazine Concerned With Their Health

VOL. III OCTOBER, 1922 No. 10

THE CHILDREN'S BUREAU

THE Federal Children's Bureau has just completed ten years of service as a bureau of investigation and research, and has entered upon its first year of cooperation with the States in the administration of a nation-wide undertaking for saving the lives and promoting the health of mothers and babies.

The intensive infant mortality inquiries made by the Children's Bureau included nine communities characterized by varying social and economic conditions. The reports of these studies bring out the hazards to the lives of their children which individual parents cannot avoid or control, because they are remediable only by community action. A high infant mortality rate appears to be everywhere coincident with underpaid fathers and over-worked and ignorant mothers. A series of rural studies undertaken by the Bureau in different parts of the country revealed the hazards and disadvantages to which babies in many rural districts are subjected. These include inaccessibility to hospitals, doctors and nurses and lack of organized effort to provide instruction in prenatal and infant hygiene.

In her annual report for 1917, Miss Lathrop set forth a plan for the public protection of maternity and infancy which in all essentials is the same as that now being put into operation under the Sheppard-Towner Act which became a law November 23, 1921. The National administration of the Act is lodged with the Children's Bureau, and the Federal Board of Maternity and Infant Hygiene which under the Act must approve State plans. Local administration is in the child hygiene or child welfare division of the State agency of health or, where such a division does not exist, the agency designated by the State. Up to date 42 States have accepted the terms of the Act, 11 by legislative action. Payments have been made to 39 States from 1922 funds and to 33 States from 1923 funds. The Federal Board has laid down no plan of work which a State must follow nor has it made approval of plans contingent on complying with certain conditions. The plans submitted by the States and approved by the Board vary greatly. In some States the infant welfare program is well started and the Federal money can be used in the development of plans already

tested by local experience, but in others the program for maternity care is not anything like so well developed; hence preliminary educational work in this field is generally necessary.

The interests of the Bureau in the field of child hygiene are by no means confined to those connected with the administration of the Sheppard-Towner Act. It conducts a large correspondence with the mothers of the country who bring to it many and various problems concerning the care and training of their children. During the fiscal year just ended the bureau received 85,494 letters, and distributed 1,280,823 bulletins, leaflets, and dodgers, including 370,866 copies of the three bulletins for mothers on prenatal, infant, and child care. The "Child Welfare Special," an auto truck, is continuing its demonstrations of the value of children's health conferences in rural communities, and is now at work in Tennessee. During the three years since the "Special" has been in operation it has reached mothers and children in 23 counties of five States. Floods, bad roads and steep mountain climbs have been serious obstacles to be overcome in reaching many remote districts. Follow-up work undertaken by many of the communities is evidence of the interest in the health of children resulting from the visit of the big motorized children's health center.

Two nutrition studies made by the Bureau, one among children aged from two to eleven years, in a mountain county of Kentucky, and the other among pre-school children in Gary, Indiana, have shown the fundamental and immediate importance of education in the essentials of child care—the food requirements of children and the methods of preparing suitable meals for them, and also their needs with reference to sleep, fresh air and cleanliness. Many of the children, moreover, were living in families unable to provide the requisites of adequate health care, such as decent shelter, sufficient clothing, and a simple but properly balanced diet. Medical examinations of children were made by physicians of the Bureau in each community and in more than nine-tenths of the children physical defects needing attention were revealed. In the Gary study valuable data were secured regarding heights and weights, prevalence of defects and grade of nutrition among children of the pre-school age group studied.

Within the past year the Bureau has published the report of a committee appointed to formulate standards of normal development for the use of physicians in examining young industrial workers. The child who does not possess a certain degree of development should not, regardless of his age, be permitted to enter industry, and all working children are in need of special protection if they are to arrive at maturity with good health and vigorous bodies. An effective means of providing such safeguards lies in the adoption of standards of physical fitness which every working child is required by

law to meet, not only upon entering employment but so long as he remains employed. A study of material concerning the health of the young industrial worker has been made for the Bureau by an expert in industrial hygiene, and is nearly ready for publication.

A series of inquiries regarding child welfare in agricultural communities are among the Bureau's recent studies in the field of children's employment. Rural child labor—unlike the work of children in factories—is in all States unregulated as to ages and hours. In the course of the Bureau's inquiries, children in the beet fields, in the cotton fields, and in truck-farming areas were found working long hours, many of them at processes involving postural strain, and they were also handicapped in home surroundings and educational opportunity.

That gainful employment of mothers, added to their housekeeping duties, seriously reduces the time and strength which they can devote to the care of their children has been shown by several Bureau studies, but most clearly in a special study of 2,000 children of wage-earning mothers in Chicago. In spite of the effort of many of these mothers to save the children from tasks too heavy for their years, it was evident that in numbers of cases the children suffered from overwork; small children were frequently left with inadequate care; and unsuitable foods eaten in the mother's absence constituted a danger to health. In many cases the loss of the mother's time and attention was not compensated for even by sanitary and adequate housing. Although a number had succeeded in making fair provision for their children's material needs, it was clear that only a woman in exceptional health could long carry the burden involved in the daily routine. A high percentage of the women, as a matter of fact, had some form of tuberculosis, and others had ailments usually associated with overwork or malnutrition; in many cases they were described by the Bureau agents as appearing "worn" or very "tired." The report of the study summarizes the constructive measures indicated, including improvements in economic conditions to make the father's earnings more adequate, together with movements for the prevention of industrial accidents and disease; provision of substitutes for the father's support when he is dead or incapacitated; and protection of the mother from over-fatigue and ill health when her employment seems unavoidable, as well as protection of the children by such means as increase and improvement in nursery facilities and provision for school children out of school hours.

From the beginning the Children's Bureau has been concerned with the problem of children in need of special care—the dependent, the delinquent, and the physically and mentally handicapped. Recent studies have dealt with the administration of mothers' pension laws;

children, who for one reason or another, have been deprived of the care of their own parents, or who need protection from abuse or neglect; juvenile courts; and provision for mentally defective children. The Bureau cooperates actively with State boards, courts, and other public and private organizations.

THE CHILD HEALTH WORK OF THE UNITED STATES PUBLIC HEALTH SERVICE

TALIAFERRO CLARK, M.D.

IN DESCRIBING the Child Health Activities of the United States Public Health Service one is reminded of the position taken by Seneca when asked why so many good things fall to the lot of evil men and so many calamities befall good men. In reply he stated, in effect, that this inquiry concerned only a part of a very broad question which could best be answered by a discussion of the whole subject.

Likewise, the work of the United States Public Health Service relating to child health will not be made clear by any description that fails to show its relationship to the more general activities of the Service, which have been of gradual evolution since its establishment in 1798.

The expansion of the Service activities has kept pace with the additional duties and responsibilities imposed on the Service by Congress from time to time by special Acts. The Child Health work carried on under this vested authority may be roughly divided into two classes:

(1) That related to the general sanitary work of the Service, and (2) special investigations in child hygiene.

In the earlier years of the Service the pollution of public and private sources of water supplies was widespread and practically no steps were taken to safeguard the production and distribution of milk. The pioneer work of the Service in these fields aided materially in the practical solution of two health problems of far-reaching effect, for good or ill on the lives of infants and young children.

Under the Act of July 1, 1902, the Public Health Service supervises and controls the manufacture of biologic products, such as viruses, vaccines, therapeutic serums, antitoxins, and the like. Some ninety-six such products are now supervised, many of which are extensively used for the cure and prevention of a number of diseases common to children. The maintenance of the potency and purity of these products is an important factor in the protection of child life. This is

noticeable, for example in the case of diphtheria. Since the introduction of antitoxin by Behring the mortality rate for this disease has fallen approximately from 70 to 15.

The Service also carried on the extremely difficult task of preparing and preserving a standard diphtheria antitoxin unit essential to the control of the manufacture of diphtheria antitoxin.

The important discovery that measles is contagious only during the first few days was made by the Public Health Service. This discovery placed health officers in possession of the knowledge required to handle measles cases intelligently.

The identification of the American species of hookworn was made by an officer of the Service, and has resulted in the adoption of measures for the control of this disease which afflicts so many thousands of children in certain sections of our country.

In the development of the program of the Public Health Service increasing consideration has been given to special child health work, because it has long been realized that general public health work is effective in reducing mortality and morbidity in this population group only up to a given point, beyond which no very great reduction is apparent. This is due to the fact that mass health protection must be supplemented by individual co-operation in the solution of special health problems peculiar to distinctive age groups.

The first special child health studies were studies of milk with particular reference to its use in infant feeding, and in relation to health and infant mortality. These were followed by investigations in school hygiene which were among the first intensive studies of school health supervision made in this country.

The work for the present year falls under three general heads: Education, Demonstration, and Research.

The educational work consists broadly in the distribution of educational literature prepared by officers of the Service, usually based on the results of special investigations.

Demonstrations of child health work constitute a prominent feature of the cooperative rural sanitation work of the Service carried on under special appropriation. A conspicuous and successful example of this form of child health work* is now being carried on in Arlington County, Virginia, just across the river from Washington, D. C.

The special studies undertaken last year to determine, if possible, more accurate standards of physical development of children will be continued during the present fiscal year on a more extensive scale. The use of accurate standards is basic in the nutrition work now carried on all over the country and can scarcely be over estimated.

Another important investigation now under way relates to the

*See A Rural Health Job Well Done, by Homer N. Calver, MOTHER AND CHILD, Vol. III, No. 6, pp. 243-249, June, 1922.

effect on growth of the more usual defects observed in children, and also the effect of chronic and endemic diseases on growth and school progress. Some interesting studies of this character from the standpoint of chronic hookworm infection have recently been completed in Florida in cooperation with the State Board of Health.

Special studies are also being conducted of practical methods of determining the malaria index of the school population, the relationship of this index to the general malaria prevalence, and its application to malaria control. It is believed that the chronic semi-invalidism and reduced physical and mental efficiency due to malarial infection is responsible for a very large part of the mortality and morbidity among children residing in areas where there is much malaria.

Studies in oral hygiene are carried on in the field by a special mouth hygiene unit, consisting of a dental surgeon and a mouth hygienist with a portable dental outfit which includes a motion picture film illustrating special features of mouth hygiene. The investigations made by this unit tend to establish a relationship between the amount of mouth sepsis and school progress and point to the possibility that the systemic reaction of children to dental caries is of less consequence than that caused by mouth sepsis unassociated with demonstrable dental caries.

A prominent feature of the work of the mouth hygiene unit during the vacation period when the regular schools are closed, consists of investigations that have been and are now under way in the Normal Schools of several states. The impression made by these studies on teachers and prospective teachers regarding the health value of a clean mouth, and sound teeth, and the practical instruction and course of lectures given by the personnel of the unit have proved stimulating to the interest of teachers in this field of health education.

Sanitarians are coming more and more to the belief that the most vulnerable point of attack in the control of tuberculosis is in childhood. The majority of children have been infected before the age of puberty. Very important and extensive studies of the problem of tuberculosis control in children have been made during the past fiscal year and will be continued this year. These studies are projected from the standpoint of determining the prevalence of recognizable tuberculosis in a given community, and of securing community interest in tuberculosis control in order that adequate provision may be made in the case of potentially tuberculosis children.

Studies of child health administration will be continued during the year in cooperation with both State and municipal health agencies. It has been aptly said by some one that the knowledge of the principles of child health protection is greater than the actual practice. Measures for promoting and protecting the lives and health of mothers and children must be adapted to meet the particular requirements of a given situation. The trained personnel of the Public Health Service is en-

gaged to a limited extent in organizing child health work while studying the relative health value of various forms of administrative work. In the vast majority of instances funds and trained personnel are lacking locally for carrying out comprehensive child health programs. These investigations are made to discover the most pressing child health problem or problems in communities and the most practical method of solution commensurate with community resources, which include plans for coordinating the valuable work of the auxiliary agencies with that of the constituted authorities.

PLAYGROUNDS AS HEALTH RESORTS

SUSIE ROOT RHODES

Supervisor of Playgrounds in the District of Columbia

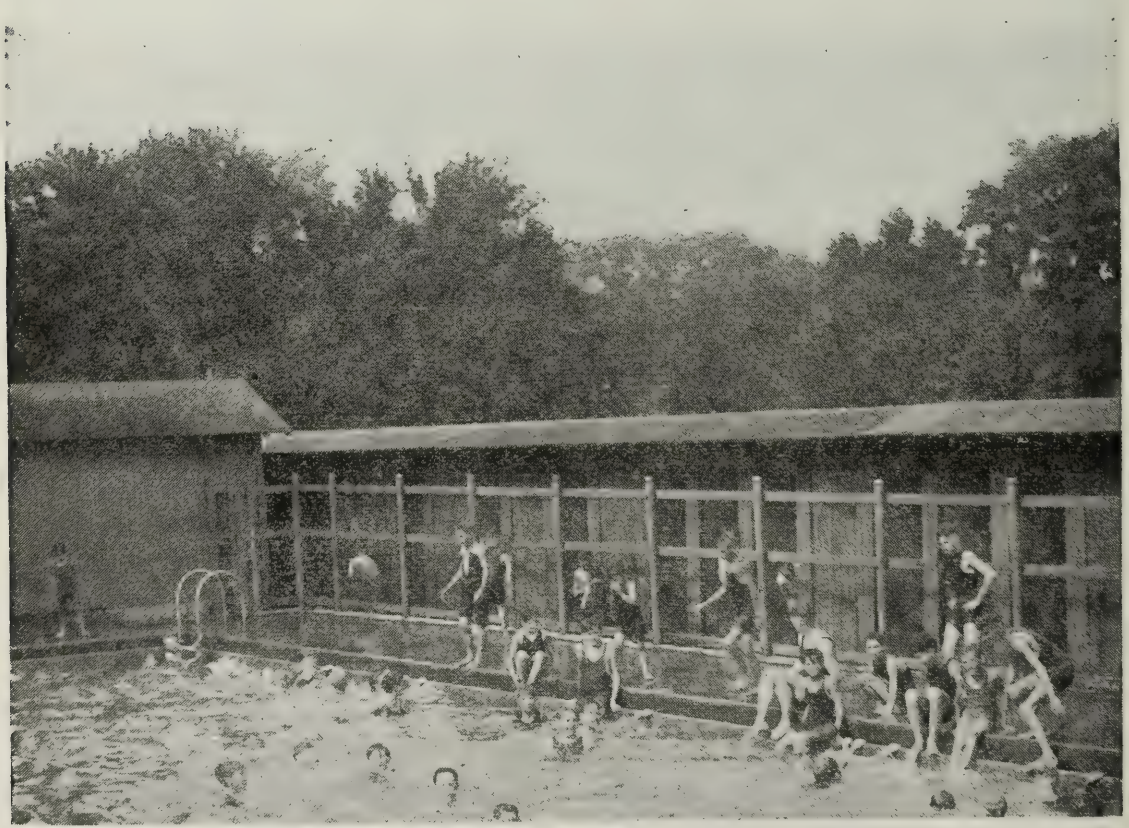
IN THE Nation's Capital new playgrounds have replaced the old. These old playgrounds in the shape of locked up school yards, vacant lots, back yards, alleys with their weeds and rubbish, have become new playgrounds with supervision, Health Resorts, if you please, for the children of Washington, through the Municipal Playground Department under the supervision and direction of the Commissioners of the District of Columbia. The achievements of the Playground Department cannot be measured by rule of thumb. The children may be counted and the number of games statistically compiled but the effect of recreation centers on character, though known to be considerable, may not be measured with mathematical accuracy. In the matter of health this outdoor life and exercise speaks for itself at once. Delicate children who move into the neighborhood of a

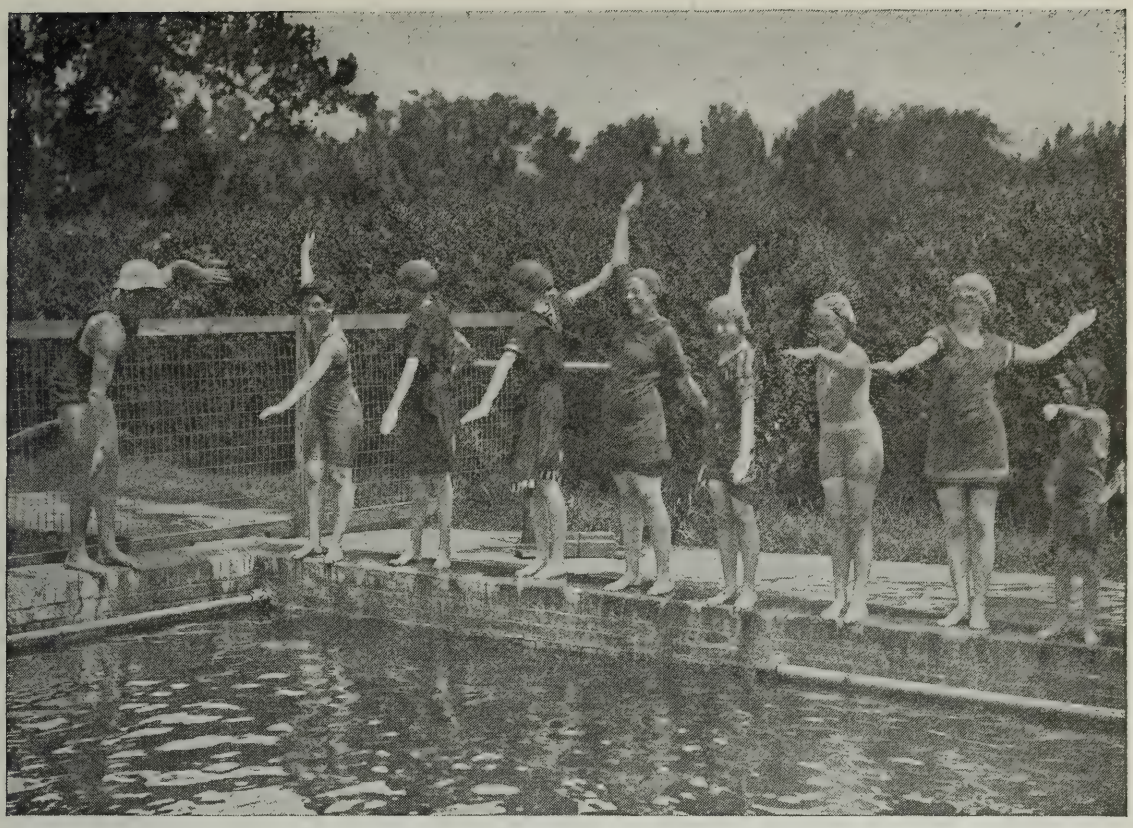
playground or have a playground brought to them, as is sometimes the case here in Washington, within the first few weeks begin to show increased strength and energy. The healthful opportunities offered by our recreation department can hardly be measured. It is the purpose of this department to make playgrounds a benefit to the children physically, mentally, and morally by providing recreation in the open-air, under conditions that favor physical development, so the playground performs the function of a preventorium or sanitorium.

Property used for playgrounds supervised by the Department of Municipal Playgrounds consists of four classes: first, grounds owned by the District of Columbia; second, grounds owned by the Federal Government; third, grounds loaned through the courtesy of the owner; fourth, certain public school yards.

In addition to the 22 Municipal Playgrounds already in operation 22 school playgrounds have been opened by this department under the supervision of the Commissioners of the District of Columbia during the summer vacation. That Congress saw fit to appropriate $10,000 for the opening of these school playgrounds would prove that playgrounds are no longer recognized as a luxury but as a necessity especially during the vacation period with its opportunities for mischief.

Some of the latest playgrounds bought by the Municipal Playground Department were adjacent to school grounds and were selected with the view of reaching the largest number of children. All of





ELEMENTARY SWIMMING INSTRUCTION.

our playgrounds are supervised by a Director and the larger ones have at times two or three Play Leaders. Our playground equipment is not overabundant but the apparatus we have has been selected with care and is of the up-to-date type. This includes sand boxes, chain swings, see-saws, slides, tether poles, giant strides, gymnasium apparatus, tennis, volley, and basket ball courts.

Three of our playgrounds have swimming pools and five have wading pools where the little people are given a chance to play in the water. Our wading pools have added to the joy and well-being of the children, and our swimming pools have done much for those who wish an opportunity to learn to swim, while those who are already adepts in the art have shown their appreciation by the large numbers that flock to the pools. Swimming is as interesting a sport to most children as is playing in mud puddles, when once the fear of the water is eliminated. Our water babies five and six years old learn to swim and in one season they can go under water for a little distance without getting fussed about being submerged. There are regular swimming classes every day. At each pool there is a teacher of swimming and a life guard always on duty.

Mr. F. J. Brunner, Director of Municipal and Playground Swimming Pools, says: "As part of a child's education, swimming should rank high in importance. A child learns to swim more easily than an adult. With the child there is fair muscular control with very

little muscle binding. Therefore, if swimming were added to the curriculum of the third, and fourth, and fifth grades, it need not be a requirement afterward.

"As to the physical benefit to be derived there is no question that swimming is very important. In swimming, the body is entirely or partly supported by the water and the danger of strain is practically eliminated. Most infantile paralysis victims are benefited greatly by this most invigorating sport and doctors often advise it for the nervous, high-strung little folks.

"To a normal child swimming is invaluable from a health standpoint. He learns to use all parts of his body without danger of strain.

WADING POOLS HELP THE CHILDREN TO ENDURE THE LONG HOT DAYS.

He develops equally in every part. No swimmer has round shoulders and a narrow chest, nor are his muscles hard and overdeveloped. A child who learns to swim will love the sport always for the sport's sake, once a swimmer always a swimmer, and he will have an asset that will safeguard him all through life—physical development and vigor."

Our park playgrounds, aside from the play equipment, are always pleasure centers for the children who love the green grass, the trees, shrubs, and flowers. Colonel Clarence O. Sherrill, in charge of the Public Buildings and Grounds, has a keen interest in the welfare of the boys and girls of the District, and seeks opportunities to improve facilities for their recreation. Through his generosity a section of Montrose, one of the most delightful parks in the Nation's Capital, with its sixteen acres of forest and lawn, its beautiful rose

gardens and rare shrubs, its tennis courts, croquet courts, and pergolas, has been added recently to the system of Municipal Playgrounds. While the space for equipment in "Children's Corner" is limited to a half acre, the children have free access to Nature's health treasures throughout the park.

The playgrounds mobilize for public health. The children are the first aids to the Health Department and to the Fire Department, from the time of the first "swat the fly" period all along to late in the season when we celebrate "Fire Prevention Week."

On the playgrounds we hold a "Safety-First Week" when a great deal of interest in public safety is always aroused. Children are in-

"THE ONLY SEA-SHORE WE HAVE!"

structed as to the proper way to cross a street, how to signal and how to help others across. Then the children have a parade with toy wagons taking the place of automobiles, billy goats taking the place of champing steed, and wheel-barrows taking the place of invalid chairs. This miniature parade goes along the "busiest streets" and the playground children hurry back and forth about their regular "business" with other playground children acting as policemen to guide them.

We have each year a "Municipal Clean-Up Week" during which intense interest has been shown by the little people on the playgrounds. This interest has been followed in the playground world with an "anti-litter spirit" fifty-one weeks of the year.

We have "Patriotic Play Week." The purpose of this is to increase physical vigor among the children. In the District of Columbia, each

year, "Uncle Sam" thanks the children for being weighed and measured, and then cordially invites them all to the Municipal Playgrounds to take part in the Recreative Drive, which precedes Patriotic Play Week. Our first work is to enlist the interest of all organizations which are at work to protect children's leisure time activities in the community. Representatives from the Boy Scouts, Girl Scouts, Campfire Girls, Junior Red Cross Auxiliary, Drama League, Community Centers, U. S. School Garden Army, War Camp Community Service and the Community Chorus co-operate with the Playground Department in a very splendid manner, each showing additional ways in which recreation may be utilized; all endeavoring to implant in the minds of the children that by making themselves strong, they serve their country best.

Public playgrounds with leaders who win the interest of the children and have the skill and initiative to guide their activities, make a contribution to the community no less definite, no less constructive than do the public schools.

The purpose of the playgrounds may be epitomized as the promotion of wholesome recreation, the promotion of physical welfare, the promotion of social education, the promotion of moral education, and the promotion of health and happiness, so that it is not overdrawing the picture to say that every playground is an embryo health resort.

HOW THE UNITED STATES DEPARTMENT OF AGRICULTURE HELPS TO SAFEGUARD HEALTH

RUTH VAN DEMAN

THE work of the Dairy Division of the United States Department of Agriculture has an especially intimate connection with children's health. This branch of the Department is constantly helping the dairies of the country to produce an abundant supply of clean milk and wholesome dairy products. Not only the feeding and care of dairy herds, but also sanitary practices in handling milk, from the time it leaves the cow until it reaches the consumer, and in making butter, cheese, and ice cream, are all studied and reported to the dairyman. Furthermore these specialists cooperate with other organizations in arranging educational exhibits to demonstrate the food value of milk.

The nutrition investigations and dietary studies of the Department started by W. O. Atwater more than thirty years ago have helped to lay the foundation for the present-day science of nutrition. The

far-reaching value of such research was perhaps shown most clearly during the war when the publications of the Department were one of the chief sources used by the Inter-Allied Food Commission in establishing dietary standards. The United States Food Administration also found these studies indispensable in making recommendations for the conservation of foods that would insure good health and also not seriously interfere with food customs.

How to make the best use of food to meet body needs continue to be an important feature of the work of the Department. It has studied the digestibility of fats, starches, and other foods; showed in graphic ways the food value of common food materials, and suggested how to combine them into meals that are wholesome, attractive, adequate, and economical. In the Experimental Kitchen, conducted as a part of the home economics activities, improved methods of foor preparation and preservation are constantly being considered.

Since the generous use of vegetables and fruits has been shown to afford protection against the so-called deficiency diseases, the work of the Bureau of Plant Industry has new significance from the health standpoint. Improved strains of many common food plants are being developed in the experimental gardens, while agricultural explorers are searching foreign countries for new kinds. Date palms now flourishing in Arizona were imported from Northern Africa by the Department; mangoes, avocados, papayas, lemons, figs, dasheens, and many other fruits and vegetables from the semi-tropics have been found well suited to Florida and California. In fact, there is hardly a fruit or vegetable industry in the United States that the Department has not been instrumental in starting or aided in some way.

The two branches of the work of the United States Department of Agriculture designed directly to protect the public health are already so well known as scarcely to need mention.

Everybody is familiar with the purple stamp affixed to dressed meats signifying that all meats entering interstate commerce are "U. S. Inspected and passed." For sixteen years the Department of Agriculture has administered the meat-inspection work as outlined by Congress, with a view of safeguarding the rights and health of consumers of meats and meat products.

The enforcement of the Food and Drugs Act, which has been one of the chief concerns of the Bureau of Chemistry since 1906, has also received wide publicity. Every individual in the United States has benefited through the effect of this work on the drug and patent-medicine industry and its control of traffic in unwholesome foods. No longer need the consumer be deceived as to the composition of the various drugs and food products if he reads the label. Moreover, the quality and wholesomeness of eggs, milk, oysters, citrus fruits,

and other foods that enter interstate traffic have been improved as the result of investigations of changes taking place during storage and marketing.

But meat inspection and enforcement of the Food and Drugs Act are not the only services of the Department contributing to health questions. The activities of almost every laboratory and every branch of the organization are of indirect but important benefit to the health of the nation as a whole.

Study of even the best methods of production in agriculture must include such subjects as control of animal diseases also harmful to man, pests that carry dangerous bacteria, pure water for the farm, eradication of poisonous plants, and introduction of new or improved fruits and vegetables that increase and vary the food supply. With the problems of production also go those of marketing and utilization, so that materials grown on the farm will reach the consumer in prime condition and will give the best return to every one concerned. Furthermore, if agriculture is to remain a stable industry, living conditions on farms must be as comfortable and healthful as those in the city. The Department of Agriculture therefore cooperates with the Public Health Service and other government agencies in spreading the results of scientific findings that will contribute to the well-being especially of rural families, but also of town and city dwellers—alike consumers of the products of the farm. Only a few of the most striking contributions of the United States Department of Agriculture can be listed here.

The work of Theobald Smith on the cattle tick became of far more than local or even national importance when it led to the discovery that insects may be carriers of contagious diseases. Later, when others established the connection between mosquitoes and flies and the spread of malaria, yellow fever, and typhoid, the Department at once took a prominent part in warning against these bacteria-laden insects and explaining methods of control. It has also devised ways of controlling or exterminating animal pests—rats, for example, which carry the germs of the bubonic plague and other diseases, and ground squirrels responsible for the spread of spotted fever in Montana and California. Tuberculosis in cattle is also decreasing through the unremitting efforts of the Department.

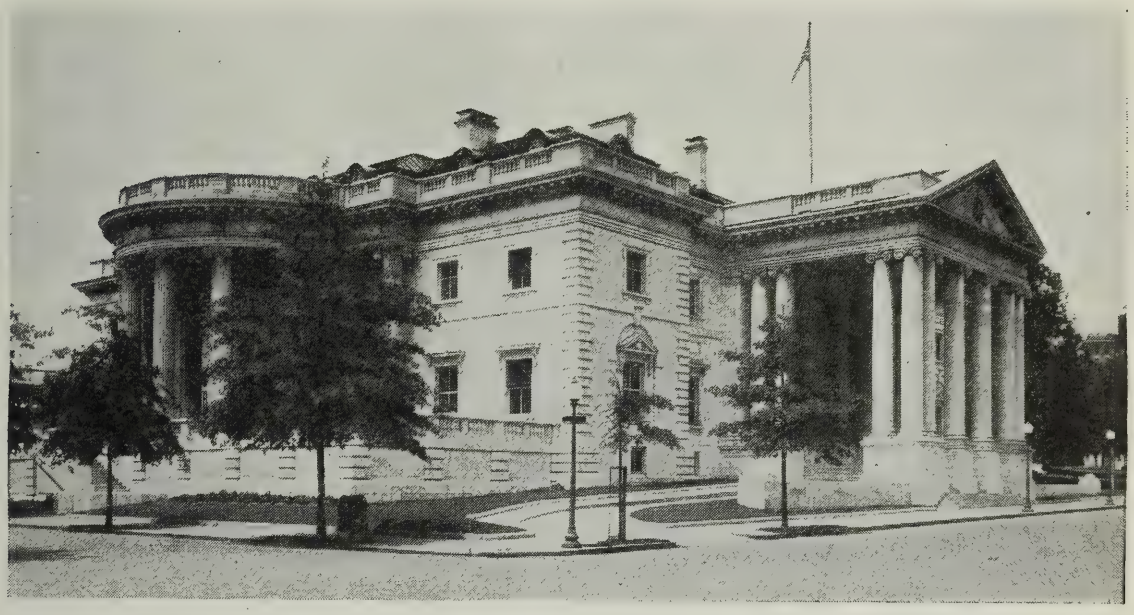
Even when the Weather Bureau warns of an approaching storm or cold wave—and, by the way, nearly ninety per cent of this scientific weatherman's forecasts are correct—or when the Forest Service invites the public to camp and use the trails in the national forests, or when the Bureau of Public Roads cooperates with the States in building better roads that make the doctor and nurse more accessible, the Department of Agriculture is helping to protect and promote better health.

OCTOBER MEETINGS

THE AMERICAN CHILD HYGIENE ASSOCIATION

THE American Child Hygiene Association will hold its thirteenth annual meeting in Washington, D. C., beginning October 12th and running through the 14th of October.

The meeting will be opened by the Honorable Herbert Hoover, Secretary of Commerce—President of the American Child Hygiene Association for the year 1922, who will make his presidential address at the public meeting the evening of the first day. The Right Honorable Sir Auckland Geddes, K.C.B., Ambassador Extraordinary and Minister Plenipotentiary of Great Britain, Dr. L. Emmett Holt, and



MEMORIAL CONTINENTAL HALL WHERE THE MEETINGS WILL BE HELD OCTOBER TWELFTH.

Miss Elizabeth Fox, now President of the National Organization for Public Health Nursing, will speak at this meeting.

The Association will direct its attention to five special subjects: I. The Training in Nutrition Needed for Child Hygiene Workers; II. The Pre-School Child; III. Administration of Private Child Hygiene Organizations; IV. Nursing and Social Work; V. The Various Aspects of Maternal Welfare.

Aside from these main topics there will be a special session for the directors of state and city divisions of child hygiene only, who will discuss Infant Mortality in the First Month of Life.

There will also be a medical session in which papers will be read on the Relation of Child Hygiene to the Private Physician, The Schick Test, and The Relation of the Teeth to Nutrition.

Miss Alice Blood, Ph. D., Director of School of Household Economics of Simmons College, will preside at the session on nutrition, the speakers being Miss Flora Rose, Associate Director of the School of Economics, New York State Agricultural College of Cornell University; Miss Edna White, Director of the Merrill Palmer School; and Miss Emma Dolfinger, Associate Director of the Child Health Organization of America. Miss Margaret Sawyer, Director of Nutrition Service of the American Red Cross, will lead the discussion on these papers.

At the session devoted to the pre-school child Dr. Lawrence T. Royster of Norfolk will preside. Dr. Richard Smith of Boston; Dr. Albert G. Schlink, Director of Day Nurseries in Cleveland; and Dr. Florence L. McKay, Director of Division of Maternity, Infancy and Child Hygiene, New York State Department of Health will read papers.

Mr. Homer Folks will preside at the general session discussing administration, papers being read by Mr. Bailey B. Burritt, General Director of the Association for Improving the Condition of the Poor; Mr. Courtenay Dinwiddie, Executive Secretary of the National Child Health Organization; and Mr. Raymond Clapp, Assistant Director of the Cleveland Community Fund.

At the session on nursing and social work Miss Margaret Stack, R.N., Director of the Division of Public Health Nursing, Connecticut State Department of Health, will preside. Miss Gertrude Hodgman, R.N., Executive Secretary of the National Organization for Public Health Nursing; Miss Kathleen Edwards of the Manhattanville Day Nursery; and Miss Winifred Rand, R.N., Director of the Boston Baby Hygiene Association, will present papers.

Dr. Robert L. De Normandie, of Boston, will preside at the session on maternal welfare. Miss Grace Abbott, Chief of the Federal Children's Bureau, Washington, D. C., and Dr. W. J. Bell, Pediatrician to the Maternal and Child Welfare Bureau of the Ontario Provincial Board of Health, will speak.

At the medical session Dr. Frank Leech of Washington, will preside. Dr. Borden S. Veeder, Associate in Pediatrics, Washington University, Dr. William H. Park, Director of Laboratories, Department of Health, New York City, and Dr. Clarence J. Grieves, Chief of the Dental Clinic in Johns Hopkins Hospital, will read papers.

A RECREATION CONGRESS

A Recreation Congress, the first since 1916, will be held October 9-12 in Atlantic City, New Jersey, under the auspices of the Playground and Recreation Association of America and Community Ser-

vice. The meetings will be held in Chalfonte-Haddon Hall, which is also to be the headquarters of the Congress.

The following tentative list of topics has been determined upon: Neighborhood Organization; Community Drama; Community Music; The Municipal Recreation Worker's Responsibility to the Community at Large; The Financing of Community Recreation; The Recreational Use of Parks; Legislation for Recreation; Rural, Municipal, and Industrial Recreation Administration; Organization and Administration of Privately Maintained Community Recreation; The Recruiting and Training of Recreational Workers—Paid and Volunteer; Achievements in Physical Education in States Having Compulsory Physical Education.

AMERICAN DIETETIC ASSOCIATION'S ANNUAL MEETING

The fifth annual convention of the American Dietetic Association is to be held in the New Willard Hotel, Washington, D. C., October 16th, 17th, and 18th.

On Monday morning a History, a Prophecy, and a Statistical Study of the Dietitian will be presented by Miss Agnes O'Dea, Miss Breta M. Luther, and Miss Ruth Wheeler, Ph. D.

That afternoon Dr. Elliott P. Joslin will discuss The Dietitian and the Diabetic. He will be followed by Miss Laura Comstock, Miss Laura M. Piper, Miss Emma Gunther, and Miss Ray Balderston.

The dinner meeting Monday evening will be addressed by the Surgeon General of the United States Public Health Service, Hugh S. Cumming, Major Julia C. Stimson, Mrs. Lenah Higbee, and Miss Lucy Minnegerode.

The Tuesday morning papers are on The Role of High Protein in the Etiology of Nephritis, by Dr. L. H. Newburg; A Laboratory for the Preparation and Service of Research Diets by Miss Dorothy M. Stewart; Hospital Food Costs by Dr. Leroy E. Parkins, and Getting Food to the Patients by Henry C. Wright.

In the afternoon the Association is invited to visit the Walter Reed General Hospital, and the Bureau of Home Economics in the United States Department of Agriculture.

Tuesday evening Mrs. Mary S. Rose, Ph. D., will speak on Nutrition and Diet in Childhood, and Dr. Alfred Hess on The Relation of Hygiene to the Growing Child.

Wednesday morning Mrs. Gertrude G. Mudge will present the Committee Report of the Italian Dietary Survey. The Inter-relation of the Dietitian and the Medical Social Worker will be discussed by Miss Ida M. Cannon; Factors Other than Food in the Nutrition Prob-

lem by Miss Lucy Gillett; Nutritional Activities in Philadelphia by Miss Anna Louise De Planter, and Psychological Aspects of Some Problems in Dietary Administration by Dr. John B. Watson.

Dr. Walter Cannon will present a paper on Hunger and Thirst Wednesday afternoon. This will be followed by the business meeting and a Tea.

An All-Member program will be given Wednesday dealing with Food Service for Private Patients, Ward Patients, School Children, and for the Hotel, the speakers being Miss Lulu Graves, Miss Marjory Hulsizer, Miss Daisy Treen, and Miss Mary Lindsley.

Thursday will be spent in Johns Hopkins Hospital, Baltimore, the papers being on The Relation of Animal Experimentation to Dietetics by Dr. E. V. McCollum, and on The Relation of the Medical Staff and Diet School in Johns Hopkins Hospital by Dr. William S. McCann. For the afternoon the Association will be the guests of the hospital.

THE AMERICAN PUBLIC HEALTH ASSOCIATION MEETING

The fifty-first annual meeting of the American Public Health Association will be held in Cleveland, Ohio, from the 16th through the 19th of October. The program for the Child Hygiene Section is:

Florence L. McKay, M.D., Director of the Division of Maternity, Infancy and Child Hygiene of the New York State Board of Health,—"The New York State Program for Maternity and Infant Welfare."

H. J. Gerstenberger, M.D., Medical Director, Babies' Dispensary of Cleveland,—"Preventive Infant Feeding—Its Simple Application."

Edgar Sydenstricker, the Statistician of the United States Public Health Service,—"Indices of Growth in Children."

Arnold Gesell, M.D., Professor of Child Hygiene and Director of the Psycho-Clinic of Yale University,—"Mental Hygiene Service for Pre-School Children."

Merrill E. Champion, M.D., Director of the Division of Hygiene, Massachusetts Department of Health,—"The Channel and Some Shoals in Municipal and State Child Hygiene Administration."

Kennon Dunham, M.D., Associate Professor of Medicine, University of Cincinnati,—"A Plea for the Recognition of the 'Potentially Tuberculous' as a Valid Diagnosis During Childhood to Be Officially Included in 'Nomenclature of Diseases and Conditions.'"

Howard Carpenter, M.D., Philadelphia,—"Should the Social Service Department in Children's Hospitals Be Superseded by Departments for Prevention of Diseases?"

Julius Levy, M.D., Consultant, Bureau of Child Hygiene, State Department of Health, New Jersey,—"Maternal Mortality and Mortality in the First Month of Life." Lantern Slides.

CHILD HEALTH DEMONSTRATION

THE special Child Health Committee which is charged with the administration of the appropriation of the Commonwealth Fund for preventive health work for mothers and children in the United States has received applications from a number of cities for consideration as the site for the first of three five-year demonstrations in health work for children and their mothers. These demonstrations will be conducted in different parts of the country. The Committee has decided that the first demonstration shall be located in the Upper Mississippi Valley region, including the States of Illinois, Indiana, Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, South Dakota, and Wisconsin.

Officials of some of these states report that they have no cities that can meet the necessary qualifications, which are, principally, that the city shall have a population of 15,000 to 25,000; an infant mortality rate of approximately 100 per 1000 live births or greater; a desire to co-operate in the work, and a reasonable assurance that those parts of the program which prove sound shall be carried on through local funds and responsibility after the demonstration period is over.

The Committee has had communications from the Health Officers, the Superintendents of Education, Directors of Bureaus of Child Hygiene, and many other public departments and private agencies in these states. These indicate a general and widespread interest in such health work as is planned.

The Committee is determined that the community directly affected must not be regarded as a mere laboratory, but that the work must not only be of direct benefit to the children that come in contact with it, but practical and of such a cost as to stimulate rather than discourage similar work by voluntary agencies and public authorities generally.

While it is hoped that new light will be thrown upon the best methods and standards of promoting the health of children, the primary purpose is to use the best in both past and present methods to benefit the children concerned and to assure them the opportunity for healthful lives so as to encourage and promote like comprehensive measures throughout the country.

Representative residents of the community, including the responsible public officials, will co-operate with the Committee in the conduct of the demonstration, and more and more responsibility for local activities will be turned over to the local authorities, both public and private, until toward the end of the demonstration period it can be taken over entirely.

EDUCATION FOR PARENTS

AMEY E. WATSON, CHAIRMAN
COMMITTEE ON EDUCATION OF THE PHILADELPHIA CONFERENCE ON PARENTHOOD

AMONG the important facts stressed in the recent meetings of the National Education Association was the insufficiency of training by which so many teachers are handicapped. In connection with the meetings of the National Conference of Social Work, a whole day was devoted to a discussion of the training of social workers. Where shall we go to find even one session given over to the problems of training parents?

"That's different," many will say, "parents are born, not made. They are not a paid group, are responsible to no one; they come from all ranks of life and have no common problems. Much of the work parents do is mere routine and consequently unimportant. Certainly parenthood is not a distinct occupation for which it is possible to educate."

Such a medley of truth and error, held by many even thoughtful people, needs careful analysis. It is true that parents are an unpaid group and that they come from all ranks of life. They are, however, responsible to society for the quality of the work they are doing, as is clear in extreme cases when the state steps in and separates parent and child if the quality of care is too poor. While it is true that the census takers classify all mothers and home-makers as without occupation, in reality parenthood is a distinct undertaking, consuming infinite time, thought and intelligence if done adequately. The "job" of parenthood needs to be analyzed into its constituent elements in order that our thinking may be clarified. Is not its central object, however, the laying of the foundation stones of the human personality, and the building upon these, of the physical structure of the child at the same time as the guarding, fostering and developing of the mental, moral and spiritual life? In how far and in just what ways the environment must be adapted to the growing organism in order that it may best develop, and in how far the child must learn to adapt itself to an environment carefully selected by intelligent parents, is a task as well as a privilege, offering countless opportunities for combining knowledge, common sense and a real gift for understanding and guiding human personalities. This is all the more true in view of the emphasis which both physical and mental hygiene are placing on the first five years of the child's life, years which lie almost wholly under the influence of parents. Other social groups, such as the play group, the school, industry and the church, share with the home the moulding of the later life of the child, but no in-

stitution can influence it during its first years as can the home. Many parents are undoubtedly born with a peculiar gift for this work, just as some individuals have a natural gift for teaching or for social work. For all, however, the right education should improve the quality of the work they will do.

Believing in this need for the education of parents, the Philadelphia Conference on Parenthood, a group of social workers and parents, two years ago requested the Pennsylvania School for Social Service (now the Pennsylvania School for Social and Health Work) to offer a course in this field. In the year 1920-1921 a series of 12 lectures was offered, including lectures on the family by Professor James H. Tufts of the University of Chicago; on the hygiene of the child by Dr. Florence Meredith of the Women's Medical College, Philadelphia; and on the mental and emotional life of the child by two psychiatrists, Dr. Edward J. Kempf and Dr. Leonard Blumgart, of New York City. The course, in which at least sixty persons were enrolled, including fathers, mothers, social workers and teachers, seemed to meet a real need. A request was made that the course be repeated the following year and that advance work be arranged for a smaller group under one leader. Consequently during the spring term of 1922 two courses were offered in this field by the Pennsylvania School for Social and Health Work. An attempt was made to strengthen the course given the year before, by adding two lectures in the field of education and one on ethical and spiritual interpretations.

At the same time Dr.Leonard Blumgart conducted a seminar for a group of parents and social workers who had taken the course the previous year or who had done advanced study. The case method was used. While much has been gained from all of these courses, some of the parents taking them have felt that they were not sufficiently practical throughout to be of the most value to them in the day's work. Some of the difficulty clearly lay in the unequal educational background of the parents—a point which should be kept in mind in further work. Doubtless other improvements dictated by experience can be made.

In addition to these courses, the Conference on Parenthood and the Pennsylvania School for Social and Health Work have sought to establish close cooperation with the local Parent-Teacher Associations and the Home and School League, and requests have been received from them for trained leaders for single lectures and for organizing extension classes for parents in distant neighborhoods. Such classes will need to develop a technique for getting over to the parent of simple educational background the elements of physical and mental health. Possibly the methods so successfully worked out by the Child Health Organization may be adapted and extended to the field of mental hygiene. The problem has hardly been touched upon as

yet in Philadelphia. Because of the universality of the experience of parenthood as well as its importance, fundamental education of this kind undoubtedly belongs in our general school program, but where and how it shall be presented, in the main yet remains to be decided. Is not the time ripe for those interested in education for parenthood to meet together in conference in order that they may survey the field already covered and plan systematic work for the future?

APPLIED DIETETICS IN OUT-PATIENT DEPARTMENTS*

MAYNARD LADD, M.D., PHYSICIAN IN CHIEF
CHILDREN'S HOSPITAL DEPARTMENT OF THE BOSTON DISPENSARY

IT IS my wish to speak of a comparatively new department, the importance of which is becoming more and more evident as we link the social and economic conditions of the patient with his health problem. I refer to the establishment of food clinics as a very necessary and useful adjunct to the medical out-patient department. So far as I can learn there are very few institutions which have established and operated food clinics of the kind that I have in mind.

The Boston Dispensary Food Clinic was started in April, 1918, by Michael M. Davis, then director, and Miss Frances Stern of the Federal Commission of the United States Department of Agriculture. Lack of knowledge of how to select, purchase, and prepare food so as to make it appetizing, nutritious, and within the family budget, is common to all classes, but particularly so to those who attend the out-patient clinics of our hospitals. The high prices caused by the war accentuated this problem, and were the direct stimulus toward the organization of the clinic.

The result of three years' experience has recently been reviewed by Miss Stern, in consultation with the Food Committee of the Dispensary. It is with the hope that our experience may be of help to institutions planning to establish similar clinics that I venture to bring to your attention the conclusions at which we have arrived.

The purpose of the Food Clinic may be called a demonstration in applied dietetics. It is intended to assist the physicians of medical clinics in carrying out food treatment. It is distinctly a part of the medical institute, in which the medical, dietetic, social and economic problems of each case are correlated. It is not a center for the distribution of food, in which respect it differs from the diet or food stations established in many places during the war. It necessarily includes "nutrition classes," but has a much larger scope. The fundamental principle of organization is that every patient accepted must

*Summary of an address delivered before the American Pediatric Society, Washington, D. C., May 1, 1922.

be under direct medical supervision by one, who, by virtue of his specialty or experience, may be judged competent to determine the nutritional requirements of the case.

In general the organization of the Food Clinic is the same as that of any medical clinic and should be on the same plane. Its special internal organization may be outlined as follows: I. Administrative; II. Dietetic; III. Educational.

I. Administrative: The head of the Food Clinic should be the Medical Consultant. To him the Chief Dietitian must be responsible. His duties are primarily medical, referring to the internist or pediatrist cases which, in his judgment, require extended medical investigation, or taking the responsibility of passing the case directly to the dietitian, on the basis of his own examination. He keeps in touch with the general progress of the cases and sees that the patients report back periodically to the special clinics from which they have been referred. He is responsible for the exclusion of contagion from demonstration classes, and gives medical instruction in applied dietetics to graduates and undergraduates.

The other members of the staff are the Chief Dietitian and her assistants, the trained nutrition worker, the social worker, and the clinic executives. These constitute the real working force of the Food Clinic, but they carry out the food treatment prescribed by the referring physician, or in case no specific directions have been made, the food treatment as prescribed by the medical consultant of the clinic. It is clear that a competent dietitian will be allowed to act on her own initiative in many cases; but there are groups such as renal, cardiac, diabetic, and tuberculous, which require close and frequent medical supervision—cases which the Dietitian is not capable of handling alone. These must be seen frequently by the physician, who must either take the medical responsibility upon his own shoulders or see that it is properly placed upon the referring department. I cannot too strongly emphasize the importance of such medical supervision being directly exerted within the Food Clinic. It is quite possible that if the size of the clinic warranted, there might be several medical consultants in charge of special classes, as for instance, all diabetic classes and children's nutrition classes, adult nephritic and cardiac classes, problems which would probably appeal to different types of medical food specialists. These patients, it should be distinctly understood, are not "taken out" of the medical or pediatric departments. The medical supervision exercised within the Food Clinic is designed only to guard against errors which might occur from lack of medical knowledge on the part of the dietitians, and to correlate the work of the Medical and Food Clinics. The patients must therefore report back to the referring clinics periodically and may attend the Food Clinic only so long as they are medically super-

vised. The liason between the referring department and dietitian should be the medical supervisor of the Food Clinic, rather than the Dietitian herself.

II. Dietetic: The dietitian has her own definitely defined functions which she exercises directly or through her assistant workers. Briefly these may be enumerated as follows:

To determine the family budget, and its possibility of supplying the necessary food which the diet calls for. It is a waste of time to order diets if there are no funds available to purchase them, or no knowledge of how to prepare them. The dietitian may in her own experience be able to advise a cooperative mother how to readjust her expenditures, so that the proper food may be provided, and she can instruct her in the art of using cheaper products to attain the same end served by the more expensive foods.

When the budget is hopelessly inadequate, it is the duty of the dietitian to secure through existing associations such help as may be needed in the way of food or money, and to see that this aid is properly applied. Diet kitchens and various associations for meeting distress through contribution of food have found it profitable to appropriate a portion of their funds to the Food Clinic, to be used for emergency and food treatment, as they are thus saved the overhead and complications incidental to social and medical investigation and continued supervision.

Selection and preparation of the food is no less important than the question of finance. We cannot assume the responsibility of dietetic treatment unless we provide instruction as to the simple facts relating to food, the methods of preparing it, and so forth. This has to be done in two ways: (a) by demonstrations in the class to groups of mothers and children; (b) by home visits in special cases by the food worker to help the mother apply the principles taught in the class.

In our larger cities we have a very cosmopolitan population to deal with, much of it recently arrived. The average clinician knows little or nothing of the food values of Jewish, Italian, Syrian, Armenian, and similar diets. It is the duty of the dietitian to be able to think in the terms of the race she is dealing with. We cannot force an American diet at once upon all these people, but we can see that our dietitian, utilizing the foods of the nationality in case, applies the principle of the medical food treatment in foods familiar to them.

Still another function of the Food Clinician is the conduct of classes which have a special objective. We have for instance established classes in obesity, constipation, malnutrition, diabetes. The chief value of the group method of instruction is of course to economize time and effort so that the largest possible number may be reached at the minimum cost. If, however, there is no periodical medical supervision of the results of such group instruction, the best results

cannot be obtained. The medical supervisor of the Food Clinic, must be keenly interested in the work of the clinic, must feel that however much he depends upon the dietitian, the responsibility of getting results is his. This means close observation of each case, and the early separation from classes of those who are not progressing favorably, so that they may be subjected to special investigation. Practically, the routine of class and group work is carried on by the dietitian and her assistants. The medical supervisor takes as his special problem the cases that are lagging or making no response, and in his larger medical experience endeavors to supplement the efforts of the dietitian.

The nutrition class for under-nourished children is one of the more important special groups of the Food Clinic. The problem of handling the under-nourished child is not, however, as simple as the layman might infer when he sees untrained persons qualify as chief nutrition workers after a two weeks' course of instruction. Malnutrition, if severe, is always primarily a medical problem, and requires close and continued supervision. The Food Clinic established in connection with a well organized out-patient department is the logical place for the establishment and operation of nutrition classes, which may serve not alone to meet the needs of patients drawn from the clinics, but as a school for the proper training of nutrition workers. There they can learn by actual observation the extent to which these problems of nutrition are linked with medical, social, and economic conditions, and obtain a better perspective than they are likely to under present conditions.

III. Educational: The Food Clinic organized along the lines I have indicated would offer training to students in medicine, public health, child welfare, nursing, dietetics, and social service by:

1. Visits to medical clinics to observe the relationship of food clinics to other clinics.
2. Work in the Social Service Department.
3. Case instruction based on actual cases, illustrating the prescribed diets in different diseases and conditions.
4. Laboratory technique, as a necessary factor determining food treatment in certain diseases, such as diabetes.
5. Methods of recording data.
6. Educational methods employed in group teaching, as in the case of nutrition classes.
7. The literature of dietetics—including sources of information and recent works bearing on the subject of applied dietetics.

The Food Clinician must keep in touch with health work and publications. It should be her duty to select and prepare posters, charts, and exhibits, both for the instruction of the student, and as a means of getting food ideas into the minds of her patients.

The subject of health has come to be looked upon as a national asset. It is exploited by the newspapers, magazines, and civic organizations. Hygiene and dietetics are becoming the life work of innumerable people, some with an excellent foundation for learning, but many with a mere smattering of knowledge. The medical schools of the country are awakening to the need of authoritative teaching on these subjects of such importance to the welfare of the nation—but to be truly effective, such departments or schools of public health must have their clinics, and these must be established in connection with hospitals and dispensaries, where the principles of applied hygiene and dietetics may be studied in their practical applications.

The Food Clinic—whether one adopts the name or not is unimportant—should, it seems to me, become an established department of every well organized clinic for the treatment of ambulatory patients. The plan which I have outlined has in part been effected in the Boston Dispensary, and represents the general line along which we are attempting to perfect our organization. Its development will depend upon the extent to which public opinion supports the idea. We pediatricians, who are so largely concerned in the problem of nutrition, and food as a means of attaining it, can by our support of the idea of a Food Clinic do much to put applied dietetics upon a scientific basis, and greatly influence the public opinion as to its importance. At the same time by the precept and example of well-regulated Food Clinics, we may do much to clarify the subject of food in relation to diseases, in our own minds, in the minds of students and hygienists, and ultimately in the thoughts and lives of the general public.

BABIES AND AUTOMOBILES*

HENRY L. K. SHAW, M.D., ALBANY

ON first thought the contrast between babies and automobiles seems very great but nevertheless they have many things in common. Many a mother could obtain pointers in the care of her baby by observing the way owners take care of their automobiles. No one drives an automobile until the mechanism and inner workings of the car are understood and the book of instruction carefully read and followed. If not the automobile will soon be out of order and will not run smoothly and will develop many squeaks and rattles.

How many mothers have studied the books of instruction regarding their baby and learned about the mechanism and the right methods of baby care? The automobilist knows that he must feed his engine properly for it will not run well if the mixture is too rich or too lean

* Radio talk "broadcasted" from Schenectady (WGF) August 22, 1922.

or if there is not the correct amount of air. It must have the right mixture in order to run smoothly. The amateur mother often makes mistakes in feeding her baby if she is unable to nurse it and she generally gives too much food and too rich a mixture or too little food and too lean a mixture and at irregular intervals. Most automobiles are water cooled and require plenty of water, especially in hot weather. If the radiator is covered or clogged up there is no chance for the air to circulate and the engine becomes overheated. Babies require similar care and should receive plenty of cooled boiled water in summer and should not be overdressed. They must not get overheated. The pores of the skin should be kept open with a daily bath or they will become clogged up and the baby will suffer. Automobiles to run smoothly must have clean cylinders. Their insides must be kept clean and free from carbon—and should get plenty of oil. The baby's cylinder or intestines must never be allowed to get clogged up and an occasional use of oil assists in the cleaning process. The owner of an automobile takes pride in its appearance and sees that it receives a daily bath and is well polished and brushed. The fond mother should take even greater pride in the cleanliness and appearance of her child. If the owner cannot care for or drive his car himself he employs only a trained and experienced chauffeur in whom he has confidence and would not think of entrusting his car to an inexperienced, untrained person. Alas not infrequently to the permanent injury of their children many mothers entrust the care of their babies to ignorant, inexperienced and careless or diseased nurse girls.

The mechanism of the body is far more delicate than that of any automobile and will not stand abuse or neglect. Intelligent automobile owners find that it not only gives satisfaction but is a paying proposition to have a thorough inspection of their automobiles made every month. It is more expensive to wait until something goes wrong. Regular inspection service will prevent expensive repairs. Why not follow this example with your baby? Take him at regular intervals to an experienced physician or a Child Welfare Station. Make the doctor's office a service station not a repair shop. A timely word of advice or caution will often prevent trouble which would only be discovered later by sad experience. Manufacturers of automobiles strive each year to produce better cars. It should be the ambition of parents to see that their babies are better babies so that each generation will show an improvement on the last. The New York State Department of Health publishes a book of instructions for mothers entitled "Your Baby--How To Keep It Well." This will be sent to you on request. The Children's Bureau in Washington also publish pamphlets on the care of babies which can be obtained on application. Putting this knowledge into practice will prevent much sickness and change sad babies into glad babies who will grow into healthier and sturdier men and women.

MOTHER AND CHILD HEALTH TALKS

NUMBER 9

THE FEEDING OF BABIES FROM ONE TO TWO

WALTER R. RAMSEY, M.D., St. Paul

BY THE end of the first year a baby should be wholly weaned from the breast. Several months before this, he should begin to have some other food, and by the time he is weaned, which should be done gradually, he should be eating other food well.

It is a common mistake to believe that the bulk of the diet during the second year should be cow's milk. In the animal kingdom one will observe that there are no young animals, except the domestic ones, who receive any milk after a few months of age, and most of them begin eating other food soon after birth. It is a fact that children who are fed largely on milk during the second year are usually pale with flabby musculature, and are almost invariably constipated. Cow's milk is an important article of diet, but it does not take the place of a general mixed diet.

Babies during the second year should have a diet of plain food properly prepared with a proper balance of fat, proteid and starch. If they will drink a glass of milk after the meal so much the better. Milk should not be drunk between meals, otherwise the child will not have an appetite at meal time.

During the second year children should have not to exceed four meals during the twenty-four hours and in many cases, if they are hearty eaters three are sufficient. The idea is, that children shall have enough food to be properly nourished, and a sufficient time elapse between meals, so that the stomach may empty itself and have a period of rest before the next meal.

To say that a child will not eat this or that is absurd. A child will eat anything that is put before it, if it has the proper discipline and is hungry enough. The old adage "hunger is the best cook" applies equally to children and adults. It is not uncommon to hear a mother say: "my child cannot eat such and such a food, and I never could myself." When a mother has that attitude of mind it is almost certain the child will have it also. If a child is allowed to select its own food it is quite natural it should choose those things which tickle its palate and eliminate all others; in other words, it will choose the sweet things and reject the plain food. A child will be well nourished or badly nourished depending largely on the character of the food it eats.

Farmers are very careful to inform themselves about the proper food for their domestic animals and follow carefully the advice they receive, to the end that they are frequently awarded premiums at the

State and County Fairs. At the same time they bring their children in to see the specialist, suffering from rickets or some other form of malnutrition, simply because they do not apply the same common sense rules to their children which they apply to their animals.

The plain food should be eaten first and the dessert should come where it belongs, at the end of the meal. If the plain food is not eaten, there is no dessert. No anxiety need be felt about the child starving. No child ever starved if there was food at hand. When he is hungry enough he will eat the plain food and enjoy it.

The idea of letting a young child choose its food is too utterly foolish to require comment, and still it is an every day occurrence to see children of educated parents, who are suffering from malnutrition purely as a result of indulgence.

It is now a well established fact that the mental development is to a large extent dependent upon the physical. It has recently been demonstrated that children who were at the foot of their classes were within a period of six months transferred to the head, simply by improving their physical condition by proper food and hygiene.

The following will offer the skeleton of a diet for an average child between one and two years. It must always be borne in mind that ninety-nine children in one hundred, can eat all of the plain articles of food included in this diet, and if they do not, it is because they are not properly disciplined. There are occasional children with whom certain articles of diet actually disagree. For example, certain children will have hives if they eat eggs, others if they eat strawberries or shell fish. In such cases, that particular article of diet should be eliminated.

BREAKFAST, SEVEN A.M.

Cooked cereal with milk and a little sugar. Toast, little bacon, crisp, orange pulp or other stewed fruit; a cup of milk or very weak cocoa.

DINNER, TWELVE NOON.

Vegetable soup. Vegetables, such as baked or mashed potatoes, carrots, spinach, peas, string beans, cauliflower, cooked and mashed finely.

After fifteen months, meat, such as steak, chops, chicken, or a little fresh fish, ground or chopped fine.

A simple dessert, such as sago, tapioca, bread or rice pudding, or stewed fruit, very little sugar, if the meal is well eaten.

In the middle of the afternoon, say at four, a piece of toast—graham cracker, may be given if the baby is hungry and it does not interfere with his appetite at mealtime.

SUPPER, SIX P.M.

Cooked cereal, rice or macaroni, toast or bread and butter, stewed fruit—milk.

About a pint of milk a day.

No sweets except very occasionally after a good meal.

Absolutely nothing between meals, except water.

MOTHER AND CHILD

A Magazine Concerned With Their Health

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OCTOBER, 1922

On to Washington.

By the time that this number of MOTHER AND CHILD reaches many of our readers, the movement "on to Washington" will have begun, especially by those who live in distant places. But for many there will still remain plenty of time to prepare for a journey and be present at the opening session of our 13th Annual Meeting on October 12th.

The program as arranged is rich in material of great educational value, and both the professional worker and the lay individual will find new and interesting phases of this work opened up for reflection or discussion.

The reduced railway fare for members and their families is an added incentive. If you have planned to visit the National Capital, no better opportunity will ever afford itself than this. If you have already decided to attend this meeting, then try also to induce some other member to accompany you, or better still, enlist some friend as a member and bring that member with you. The Washington meeting is already an assured success. But nothing less than a record breaking attendance should be present to greet our President, the Honorable Herbert Hoover, when he takes the Chair in historic Continental Hall, on Thursday, October 12th.

An Historic Meeting Place.

Continental Hall, builded by the Daughters of the American Revolution, as a memorial to American women of patriotic lineage, is a marble temple of unusual architectural beauty, and one of the show places of the Capital. Here are held the annual sessions of the Daughters of the American Revolution, and many gatherings of distinguished persons of national and international celebrity have also taken place within its walls. Those who attend the opening session and the evening public session of the American Child Hygiene Association on October 12th, may not realize that they will sit in the very room where the most distinguished diplomats and naval and military experts in the world assembled in the historic International Conference for the Limitation of Armaments. Near-

ly every public building in Washington has traditions that link it up with history of this country; but Memorial Continental Hall is not only a temple of American history, but also it must have a place in the international history of the future whenever such history treats of the attempts to inaugurate an era of world peace.

The Voice of Science.

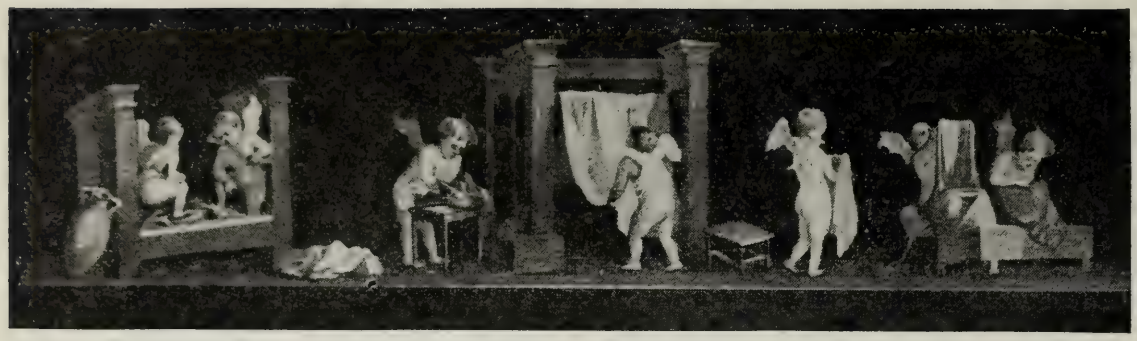
The science of comparative zoology bears testimony to the good sense as well as to the practicability of the modern movements for children's health which are grouped together under the collective name of child hygiene. While this fact has been well disseminated in scientific circles, no attempt seems to have been made to translate it into terms well understood by the general public. But now in the admirable "Outline of Science" of which the earlier volumes have appeared we find an axiom that might well be the scientific cornerstone of child hygiene work.

"It does not seem to be biologically necessary that a race should decline and die out," says the Outline of Science; and then continuing: "On the animal genealogical tree there are many branches that have been dead for millions of years. The fossil-bearing rocks—the great graveyards of the buried past—are full, not only of ancestors, but of lost races. Yet there are many very ancient races of animals that are going strong today; and there seems no reason why this should not hold true for human races also—provided that the survival value of health and vigor of body and mind is practically recognized."

Apparently animals repel the onslaught of unfavorable environment with greater vigor and tenacity than the vegetable kingdom. This is probably due in part, at least, to their power of locomotion which enables them to move away from unfavorable conditions. Man, however, sometimes cannot run away from the ills which beset him, many of which come from within. We cannot flee from ignorance and so we must fight it, and even take the aggressive in seeking it out.

The work of child hygiene is essentially an educational work. It not only combats ignorance and attempts to destroy it, but it attempts to replace wrong or negative ideas with positive knowledge concerning child health. And so we may go forth with renewed vigor and more steadfast purpose in this work of health education with the assurance that such work is not only a humane, but also a scientific undertaking of vital importance to the world, since the scientist promises immunity from racial obliteration and physical decay to those nations among whose people "the survival value of health and vigor of body and mind is practically recognized."

—JOHN FOOTE.



From Monumenta Pompeiana.

THE DAY'S WORK

A BOSTON CONSOLIDATION

Dr. Richard Smith as chairman of the Board of Trustees sends the following minute to the contributors of the Baby Hygiene Association:

The Board of Trustees of the Baby Hygiene Association wishes to announce to its contributors an important vote recently passed at a regular monthly meeting.

During the last few years, the feeling has grown in the community, as well as in the Boards of the Instructive District Nursing Association and the Baby Hygiene Association, that it would make for better service if the two associations should join forces under one management.

An organization which has assumed as its duty the welfare of children could decide to give up its separate existence only after careful consideration of all aspects of the question, and with the conviction that the work for children could be furthered by such action.

The Board feels that the time has come to make this move, and has therefore voted to come together with the Instructive District Nursing Association as one organization. The District Nursing Association's Board has passed a similar vote.

Such action on the part of these two organizations will give to Boston a Public Health association whose service to the public should far exceed the nursing and child welfare service previously rendered.

In the new organization, there will be a department of Child Hygiene, the function of which will be to carry on the work formerly done by the Baby Hygiene Association. Miss Winifred Rand, the present director of the Baby Hygiene Association, will become the head of this department. Miss Mary Beard, former director of the District Nursing Association, will become the director of the new organization.

As it will be several months before the joint organization can begin to function, each association has assumed the responsibility of its own budget until January 1, 1923.

The work for the children of Boston grows apace, and the con-

tinued interest and support of those who have made the work possible in the past is not only needed in the immediate future, but will be needed more than ever when the department of Child Hygiene of the new organization seeks to carry forward with added force this work which is vital to the community.

CAMP HALE AND HEARTY

"Camp Hale and Hearty" in the foothills of the Blue Mountains of Pennsylvania, is a State Health camp for undernourished boys and girls. At present about 225 children from the eastern section of the State are there receiving the proper kind of food and the supervised out-of-door exercise and play that will make them physically fit.

As the children arrive they are registered in the administration tent, and given a thorough physical examination. Height, weight and defects are recorded. At the end of a month a second examination is made, the findings recorded and the card forwarded with recommendations to the child's physician. November first, the State Department of Health will make a check to see if the trouble has been adjusted.

The 20 sleeping tents are on the dormitory plan, accommodating forty or more children, each of whom is assigned a cot. Pillows, linen and blankets are supplied and a nurse is in charge of each tent.

The daily program includes setting-up exercises before breakfast and hikes to the woods during which time the young people receive instruction in nature study and life in the open; also short periods of instruction will be given by competent physicians on care of the teeth and nails, proper bathing, food, ventilation and the amount or rest necessary. A huge playground with up-to-date apparatus has been provided, a piano has been installed to provide music for games and songs, and there are motion pictures, concerts and other entertainments to keep the children's minds healthfully occupied all the time.

Dr. H. A. Gorman, medical director of the Hamburg Sanatorium, is in charge, with Miss Alice O'Halloran, chief of the nursing division of the State Department of Health, as chief executive officer. The sanitary arrangements are under the direction of Coleman B. Mark of the State Department of Health. Dr. John Donnelly, of the Child Health Division is on duty, and Dr. John D. McLean, Deputy Commissioner of Health for the State, is a resident of the camp.

If this plan proves a success it is proposed to extend these camp advantages to many more children. (*Philadelphia Public Ledger,* August 6, 1922.)

PLANS IN DELAWARE

The various agencies in Delaware which are engaged in some form of children's work met at the State House in Dover on July 14th for the purpose of con-

sidering the practicability of establishing a State Department of Child Care, and the possibility of the various agencies merging into such a department. The conference was held under the auspices of the State Board of Charities (one of whose chief functions is the friendly supervision of all agencies and commissions which spend State money), and was presided over by Governor Denney. The following agencies took part: Child Welfare Commission, Mothers' Pension Commission, Children's Bureau, Society for the Prevention of Cruelty to Children, Delaware Children's Home Society, and the Juvenile Court Association.

While the advisability and importance of establishing a State Department of Child Care was generally admitted, the question of how comprehensive such a department should be was a matter of some difference of opinion. After considerable discussion, a committee was appointed consisting of the chief worker or director of each of the agencies represented and one member from each of the boards, to meet with the State Board of Charities and draft a plan. The objects to be attained in creating such a department in the State are greater efficiency, greater economy and the abolition of the evident confusion in the minds of so many people in the State as to where the functions of one organization end and those of another begin. (*Bulletin of the Delaware Child Welfare Commission,* July, 1922.)

A NUTRITION BROADCAST

A radio talk on Nutrition in Children, by Dr. W. H. Donnelly, of Brooklyn, was broadcasted from station WJZ in Newark, New Jersey, on May 27th. Doctor Donnelly then gave as some of the causes of this widespread malnutrition the deterioration in foods due to their transportation over long distances; the bad teeth which result from the modern tendency to have all food so prepared as to require very little chewing; the increase in the amount of meat eaten and decrease in green and leafy vegetables; the use of substitutes for butter and of artificial beverages for good milk; and the leading of too active and too exciting a life by children as well as by grown people. Other causes underlying malnutrition, Doctor Donnelly pointed out, are tuberculosis, syphilis, heart disease, prematurity and underweight at birth, and so forth. Diseased tonsils and adenoids, he said, are found in 80 per cent of all cases of malnutrition, and fatigue posture in about the same percentage. Therefore the correction of malnutrition involves the treatment of any organic disease that may be present, as well as attention to both food and habits of life. In conclusion, he recommended the following simple measures as being effective in removing malnutrition after any disease or abnormal conditions have been corrected: Rest in bed from 7 P.M. until 7 A.M. with open windows; drinking one quart of the purest

and freshest milk obtainable daily; eating green leafy vegetables, whole cereals, fruit juices, whole grain breads, eggs in moderation; taking a rest period of one hour in the afternoon, or one-half hour both morning and afternoon; avoidance of too much soup and broth, and of candy, sweets and ice cream between meals; and the taking of an after-school lunch of bread and butter and a glass of milk.

CANADA

AN ADULT HEALTH CLINIC

A unique feature of the Saskatoon annual fair, held the latter part of July, was the adult health clinic conducted by Dr. M. M. Seymour, Commissioner of Public Health for the Province of Saskatchewan. The purpose of the clinic was to educate the public to an understanding of the importance of periodic examinations of persons of middle and advanced ages. A comfortable waiting room was provided with an attendant nurse and office staff. Adjacent were examining, X-ray and consultation rooms, all thoroughly equipped and under the supervision of experts. Examination at the clinic was absolutely free of charge. On recommendation of the physician, X-ray pictures were taken but no treatment was given the patient being referred to his physician if necessary. The clinic proved immensely popular and in several cases advanced conditions of disease were discovered. It was felt that the putting on of such a demonstration at such a time marks another step upward in the linking of the provincial government activities to the necessities of the people.

A baby clinic was also held, as has been done at former fairs. Examination here was also free, and in this connection the Department of Public Health is carrying out a follow-up system. All examinations were recorded, and in three months a letter will be sent to the parent asking if the advice of the examiner has been observed. If, for financial reasons, the advice has not been followed, arrangements will be made by the Department for the care of the child. (*The Saskatoon Phoenix*, July 19, 1922.)

MEETING OF CANADIAN WORKERS

The Canadian National Council on Child Welfare held its annual convention in Toronto during the week of September 25th.

One session of the conference was given over to a discussion of practical methods of reducing infant mortality in the communities of various types—city, town and country. The problems particularly confronting the child welfare worker of today—illegitimacy, family desertion, parole and probation, and the administration of reformatory institutions—were dealt with in separate group conferences.

The president of the Council is J. Arthur McBride, of Montreal.

From Monumenta Pompeiana.

THE FOREIGN FIELD

GREAT BRITAIN

CARNEGIE REPORT

The eighth annual report of the Carnegie United Kingdom Trust (for the year ending December 31, 1921) gives particulars of the physical welfare work of the Trustees in regard to the grants for national institutes, model welfare centers, and play centers for children of pre-school age. The report says:

"The Trustees' policy has been to set up two National Institutes, one in London, the other in Edinburgh, which shall serve as centers for the study and investigation of the broad principles and general practice of welfare work for the benefit of mothers and infants. During 1921 the London Institute has come into being; the Central Council for Infant and Child Welfare, with its constituent societies, is now installed in No. 117 Piccadilly. This building, which now bears the name of Carnegie House, has been acquired by the Trustees on a forty-nine year lease, the purchase of which, together with the cost of equipment and the provision of an adequate sinking fund, is met by the Trustees' grant of 40,000 pounds. A small surplus is retained to meet emergencies, and is held by Trustees on behalf of the Central Council.

"An important feature in the Constitution of the Central Council is that it has been officially recognized as its Child Welfare Department by the new Joint Council of the Royal Red Cross Society and the Priory of the Order of St. John. The Joint Council has undertaken to provide, so long as its funds allow, a minimum annual sum of 2,000 pounds for the work of the Central Council, which sum will be augmented by the contributions of the constitutent societies housed in the building.

"The Committee which has been formed to make plans for the parallel institute in Edinburgh resumed its meetings toward the end of the year, and reported that it was at last possible to take up seriously the task of consldering possible sites or existing buildings. The Physical Welfare Committee decided, however, that unless some definite scheme were formulated by March, 1922, it would be neces-

sary to consider whether the promise could reasonably be kept open any longer.

"Six municipalities had accepted the Trustees' offer to provide a building to serve as a Model Center: Liverpool, Shoreditch, Birmingham, Rhondda, Motherwell, Dublin. At the beginning of 1921, Liverpool, Shoreditch, and Motherwell had provided sites, prepared plans, and secured the approval of the Ministry of Health and the Trustees; Birmingham had provided a site, but could not obtain possession, since suitable alternative housing could not be obtained for the tenants of six houses which would have to be demolished; neither Rhondda nor Dublin had been able to secure a site. During 1921 the Motherwell Center has been almost completely built; it will be opened in the Spring of 1922. The commencement of the Liverpool and Shoreditch Centers has been delayed at the request of the Ministry of Health, on the ground of the urgent need for economy in national and municipal expenditures.

"In May the Trustees decided that these projects could not be allowed to be indefinitely postponed, and notified both the Ministry and the respective Councils that, if no action were taken by the end of the year, the promises would be held to have lapsed. In the case of Shoreditch a special extension to March, 1922, was granted at the instance of the Ministry. The Ministry undertook, as soon as possible, to let the Trustees know whether the Treasury would be in a position to promise the usual fifty per cent maintenance grant, but up to the middle of December the position remained obscure. At the December meeting, it was intimated that the Health Committees in Shoreditch and Liverpool were prepared, with the sanction of their respective Councils, to give immediate effect to the plans which had been approved, and to risk the threatened postponement of the Government contribution to maintenance. The Trustees welcomed this determined attitude, and agreed that the grants should hold good even if, for the present, no State contribution were forthcoming—on the assumption, however, that the Councils of Shoreditch and Liverpool were prepared to provide the whole sums necessary for maintenance.

"At the same meeting plans were submitted for the Rhondda Center, and it was agreed that in this case the time-limit should be extended to the March meeting. In the case of Birmingham, as no progress was reported, it was resolved to intimate that the promise was withdrawn.

"In deference to an appeal from Sir Edward Coey Bigger and the Medical Officer of Health the Dublin promise was also allowed to hold good until March, 1922, there being a suggestion that the Center might be built economically as an annex to St. Ultan's Infant Hospital.

"Only two promises of Play Centers have been made during the year, namely, to the city of Chester, and the Urban District

Council of Barnoldswick (Yorkshire West Riding). Owing to the need for economy, it is likely that the latter promise may lapse, since the Urban District Council may probably have to abandon the plan of a Recreation Ground of which the play center was to form a part."

THE FALLACY OF AVERAGES

Sir Arthur Newsholme, in an address on "Mortality in the First Month after Birth and the Possibilities of its Reduction" given to the National Baby Week Council in London, had a good deal to say with regard to averages. Sir Arthur pointed out that "when one proceeded to analyze the death rate in the first year of life into the death rate of different months in the first year of life it was found that the death rate was declining very variably in the different parts of infancy. It had declined something like 40 or 50 per cent in the last nine months of the first year of life and had only declined 2 or 3 or 4 or 5 per cent in the first month of life after birth. This marked difference was so great that it misled a number of publicists who wrote books or pamphlets or reports on public health and these said that public health efforts had done or could do little or nothing in regard to this first month after birth. They were quite wrong, because there had been some decline even in the first month and first week after birth. They were quite wrong in ignoring one elementary rule in statistics—that one should always avoid averages.

"Averages can mislead to an enormous extent. If one had to state the mean of the condition, say, of Lazarus in Abraham's bosom and of the rich man in hell, it would show that neither of them was suffering very badly or enjoying himself very much. Many people go wrong by using statistical averages. The rule with regard to statistical matters is: alwasy go into details; don't trust averages. One should not trust a statement for the whole of the area in which one lives but should try to ascertain from the medical officer of health how things stand in different wards, different sub-districts. One must know all the facts in order to be able to act intelligently and judiciously. When this is done, statistics become the handmaid of public health and are of great value. Averages may mislead and give rise to a sense of self-satisfaction because things seem better than they really are. (*National Health*, July, 1922.)

FRANCE

THE POUPONNIERE

Care for infants that have to be separated from their mothers and fed artificially has been provided by the Woman's Entr'Aide Society in a special home called the Pouponniere. Only healthy, normal infants less than a year old are admitted. Every infant is isolated for three weeks after its admission, and any child that is

taken sick is isolated immediately and then sent elsewhere. Five of these institutions are already organized in Paris, and they are considered very successful. The mortality has been only three per cent among the children thus cared for. When the infants begin to walk and play with other children, it is felt that they can be boarded out with greater safety. The Pouponniere therefore turns them out when they are a year old. (*Journal of the American Medical Association,* June 10, 1922.)

PUBLIC MATERNITY HOMES

A committee of the French Academy of Medicine has been studying the subject of maternity homes. Its recommendations, which were unanimously adopted by the Academy, include the establishment by the State in every department of France of a sufficient number of maternity homes where expectant mothers may come several months before confinement, and may remain as long as they nurse their babies. This is recommended by the Academy as a simple and effective measure for reducing infant mortality. (*Bulletin de l'Academie de Medecine,* May 9, 1922.)

CZECHO-SLOVAKIA

CHILD HEALTH CENTERS

Twenty-one "Nasim Detem" (For Our Children) Health Centers were organized by the American Red Cross in the Czecho-Slovak Republic between March, 1921, and March, 1922. Miss Besom, director of the Red Cross Public Health Nursing work there, wrote last spring of the center at Budejovice, with which she was greatly impressed. "This center," she said, "consists of a large waiting room, an undressing, weighing and measuring room, the doctor's examination room, an office for the nurse and social worker and a store room. In the waiting room, where the children are registered, a tooth brush drill and health talk is conducted every day. Yesterday, which happened to be a half holiday for the schools, about fifty children—most of them, curiously, being boys—were assembled in the waiting room and I was an interested spectator of the tooth brush drill and health talk. The health visitor who conducted the demonstration dispensed tooth brushes and paste and a cake of soap to fifteen of the children who had been selected by the school teacher. Following this, one of the Cho-Cho stories which had been translated into Czech was read. In the morning between eleven and twelve, the nurse conducted a class for Little Mothers. This class consisted of sixteen Czech girls of from twelve to fifteen years of age. The day before during the same hour a class had been conducted for a group of the same number of German girls. Prenatal classes were held in the evening."

Dr. H. O. Eversole, director of the American Red Cross Work in

Czecho-Slovakia, has pointed out that, more important than the immediate help which these twenty-one centers are giving to thousands of children is the educational work they are doing for fathers and mothers as well as children. Through the centers the population at large is learning the use and the value of the Institute of Hygiene, the State Laboratory, the Hospitals, and so forth—organizations which heretofore they hardly knew existed. Thus the centers are proving the crystallization points for general public health in each district where they have been established.

SUPERVISING PLACED OUT CHILDREN

By a law which went into effect in August, 1921, the Minister of Social Welfare is authorized to issue orders concerning the supervision of placed-out and illegitimate children. The law also provides that a permission to care for such children under 14 years of age may be revoked; and that supervisors may investigate the living conditions of the children and may order that they receive regular physical examinations. The law specifically provides that all children under two years of age must be examined regularly.

GERMANY

OPEN AIR TREATMENT

The privations which great numbers of German children underwent during the war, and which they are enduring even at the present moment, have had most disastrous consequences as regards their health. It has been found necessary to provide open-air treatment and sun baths for such cases. Several establishments have been opened for this purpose by the Mother and Child Associations. This has been done mainly by the help of gifts received from America and Sweden. Deutsch-Amerika, founded at Nordholz by the German Society of New York, made a beginning in 1920 with 120 children. By the following year the establishment was already able to receive 460 children. The "Waldmuhle" at Wernegerode, towards the purchase of which the "Quarter Collection" made a substantial grant, only receives a limited number of children; this enables the institution to be distinctly homelike in its organization. Another American foundation is the "Bertha-Louis-Dreyfus Heim" at Zinnowitz, on the Baltic. This institution is the generous gift of Mr. and Mrs. Dreyfus. It is able to receive from 700 to 800 children. The Frohsinn-Pittsburgh, which is able to receive from 25 to 30 boarders, was founded by a group of citizens of Pittsburgh. The spacious establishment "Sonnenschein" at Sulza, in Thuringia, was founded by the Swedish Red Cross; 100 children can there benefit from an open-air treatment and the baths of that watering-place.

The different establishments have room for about 6,000 children altogether. This is still insufficient, applications for admission being more than three times that number.

AUSTRIA

STATISTICS ON STILLBIRTHS

A study of the statistics of the stillborn children has been made recently in the Ministry of Public Health, in connection with the venereal disease survey which the Ministry is undertaking. The emphasis on the spread of venereal diseases in the after-war period in Austria has been based exclusively on personal impressions, without any statistical background. As the experimental reporting of venereal diseases, which was carried out in February, 1921, did not give an idea as to the changes in the spread of these diseases in the course of time, a study of the statistics of stillborn children has been undertaken in order to find out whether their relative number could not be used as an index of the spread of the disease, marital syphilis, especially. There is no uniform rule for reporting stillbirths, as to the month of gestation from which reports have to be made. The practice is that stillborn children are usually reported beginning with the seventh month of pregnancy. The number of stillborn children expressed in percentages of children born alive was practically constant before the war, and a steady but small increase was noted. Larger cities always have had a higher rate of stillbirths and the increase in the cities kept step with the increase in the country. During the war, and especially in its last years, a more rapid increase took place. But the most pronounced increase came in the years following the war. Whereas, between 1910 and 1914, the rate of the stillborn to the living increased 5 per cent, it increased 10 per cent during the four years of the war. In the three years following 1918 it increased 15 per cent so that it is probable that the increase for the four years following the war will greatly exceed that of war time. As it appears that other factors influencing the number of stillbirths which could explain the marked increase have not changed, it is probable that this increase is due to a disease which, according to clinical experience, has a very deleterious effect on fetal life. (*Journal of the American Medical Association,* June 3, 1922.)

ITALY

NEW WELFARE INSTITUTE

An Institute for Hygiene, Social Welfare and Assistance was recently established in Rome. According to the first number of its official organ, Difesa Sociale, the purposes of the institute are as follows: To collect information and conduct practical investigations on venereal diseases, tuberculosis, alcoholism, malaria, children's diseases, and mental disorders, and to study measures for their prevention; to conduct a campaign of education on these subjects; to coordinate the work of philanthropic organizations; and to assist in carrying out various welfare measures.

RECENT LITERATURE ON MOTHER AND CHILD WELFARE

BOOK REVIEWS

Nutrition and Growth in Children. By William R. P. Emerson, M.D., New York. D. Appleton and Co., 1922, pp. 342. Price, $2.50.

Dr. William R. P. Emerson, the author of this volume, has earned a national reputation during the last decade in connection with his work with under-nourished children. It is not surprising, therefore, that his book does not deal primarily with normal nutrition and growth in children, as its title would lead one to expect, but is, instead, a fairly detailed discussion of the problem with which Doctor Emerson has become so thoroughly identified—malnutrition in children, and how to correct it. In this discussion Doctor Emerson traces the development of his work from the first nutrition class in the Boston dispensary in 1908, to the nation-wide movement of the present time; he describes the malnourished child, outlines his theories as to the causes of the condition, explains in detail his class method of dealing with malnourished children, and discusses all the factors involved in identifying this condition and in effecting a cure.

It is clear from the presentation that Doctor Emerson is a firm believer in weight as a measure of nutrition, for all children habitually 7 per cent below the average weight for height are regarded by him as malnourished. Not only so but he also holds that "the application of the 7 per cent rule to any group of children will identify from 80 to 90 per cent of those in urgent need of nutritional care." Throughout the text, indeed, malnutrition and underweight are used as synonomous terms and the "chief object in view" in all the work done is stated to be "bringing children up to the normal weight line."

That weight is one measure of nutrition all will agree, but many good authorities are not willing to consider it quite so absolute a standard as does Doctor Emerson. They do believe that the large majority of underweight children (many prefer the 10 per cent standard) are doubtless undernourished, but they also believe that numbers of the worst cases of malnutrition—children with flabby muscles, decayed teeth, and with other characteristics of poor nutrition—may be well up to the average weight for height. Such authorities would not detract from the pressure to bring underweights up to average and even above, but would call attention to the nutritional needs of large numbers of others not included in this group.

Nutrition specialists will heartily indorse Doctor Emerson's insistence on milk as a part of the child's diet, but will deplore the fact that he has put the emphasis so largely on calories and has felt it necessary to "offer a word of caution against the excessive use of fruits and vegetables in the diet." Extensive studies of children's diets have shown that these foods are used by children far less generally than is desirable. The word of caution would, therefore, seem to be needed against the under, rather than against the over use of these important foods.

Further to be regretted is the impression of exactness given in the calory estimates and the statement that "an accurate record can be kept without difficulty" by having the children list foods eaten at home and bring the records to class for estimation. Even experienced dietitians can only roughly approximate the caloric value of a diet when actually observing it. Such computations from lists of foods, therefore, are nothing more than rough estimates and should never be confused with quantitative data.

Among the many commendable features of the book may be mentioned the emphasis on the medical aspect of nutrition work, the importance of attention to adenoids and tonsils, the insistence on the responsibility of the parents in any program of cure. The discussions of exercise, recreation, over-fatigue, fresh air, sleep, the care of the pre-school child, and other items of general care, are such as could be read to advantage by parents and all others having to do with the training of children.

The book as a whole, however, will find its greatest usefulness in the hands of pediatrists and nutrition specialists, both of whom are directly concerned in the problems which the book presents.

—Lydia J. Roberts.

American Red Cross Medical Conference: European Child Health Program 1921-1922.

[This report will be sent free on applying to Dr. A. Ross Hill, Director of Foreign Affairs, National Headquarters, American Red Cross, Washington, D. C.]

The American Red Cross has published an account of the coming together in Paris of its medical directors in the various countries of Central Europe in February of this year, to confer upon the present and future status of the medical, nursing, and social service work which has been carried on since the termination of the War. The principal topic of discussion was the constructive child health program which has been the basis of the undertaking since the spring of 1921, when wholesale relief measures were discontinued.

Reports were presented from the following countries: the Baltic States, Poland, Czecho-Slovakia, Austria, Hungary, Montenegro, Serbia, Albania, and Greece. Two features were most emphasized.

namely the alleviation of the present condition of the children of Europe, and the establishment of a working plan so constructive that it will be made permanent, thereby insuring the future health of these children.

Prenatal and child health ambulatoria and centers, dispensaries, and Relief Administration Kitchens were used in each country as units from which to spread health information. Intensive work was found to be more effective than wide-spread or scattered efforts. Surveys of relatively small areas, with attention given to each child and mother within the boundary lines, and an individual type of work which aimed to reach again and again each child brought to a center, were the two forms of work which proved successful.

Endeavors were made to introduce more accurate methods of recording vital statistics. Hitherto it has not been possible to make comparison of statistics from the different countries.

Wherever it was possible the active personnel of the center was chosen from local people, but everywhere a shortage of trained individuals was encountered and therefore it was necessary,in order to carry out plans, to establish training schools for nurses, public health courses, and short courses for home visitors and nurses' aids.

It was easier to make the people of the countries understand curative means than to teach them to realize the importance of preventive measures. Gradually they have learned the value of prevention and they have undertaken to arrange for the continuation of the child health program when the American Red Cross withdraws. Cordial official cooperation has been established and maintained through the doctors, nurses, and social service workers, who have been stationed in the countries of Central Europe.

We are indebted to Doctor Hill's forethought in making this valuable report available here.

ETHEL WATTERS.

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The International Association for the Promotion of Child Welfare was held in Brussels, at the Palais des Academies, July, 1922.

The First International Open Air School Congress, organized by the Open Air Education League, was held in Paris from June 24th-28th, 1922, at the Faculty of Medicine under the patronage of the President of the Council, the Minister for Health and Foreign Affairs, the Minister of Public Education and the Minister for Public Health and Social Thrift.

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Belgium has been a battlefield for centuries. Small wonder, then, that the children of Belgium are serious-minded. The spirit of play does not thrive on battlefields.

MOTHER AND CHILD

A Magazine Concerned With Their Health

VOL. III NOVEMBER, 1922 No. 11

BELGIUM—WHERE CHILDREN DO NOT PLAY

SALLY LUCAS JEAN AND FANNEAL HARRISON

(Mr. Hoover, as President of the Commission for the Relief of Belgium, Educational Foundation, appointed Miss Sally Lucas Jean, Director of the Child Health Organization of America, to investigate what is now being done in Belgium for the health of children of school age. Miss Fanneal Harrison, who has been doing child health work in Europe for the Red Cross during the past four years, accompanied Miss Jean on her two weeks' trip through Belgium. Their observations were chiefly confined to the work that is being done by the Oeuvre Nationale de l'Enfance.)

WHERE was the Belgium that I had seen a few years ago—war-stricken, houses in ruins, sorrowing and starving?

The Belgium that I saw during the first half of last September is the Belgium that is being created by the Oeuvre Nationale de l'Enfance—the National Committee for Children, a land of strong babies asleep in the open air in their white cribs, or serenely looking up at you with friendly eyes; of young mothers receiving wise care and being taught to care for their babies; of chubby toddlers who cling to your skirts with little chucklings of delight; of boys and girls growing strong and rosy cheeked in country and seaside colonies; of little backward and deficient children surrounded by such love and wonderful teaching that they too will be able to take their part in life; and everywhere devoted workers tireless in their efforts to assure their beloved land splendid men and women for tomorrow.

We sped by automobile from one section of the country to another, visiting the various activities of the National Children's Committee. Through towns and villages we passed, with their new red roofs, large fresh patches in the walls and many houses entirely new from top to bottom. Everywhere there was an air of strict cleanliness, as if a new lease had been taken on life.

Then out along the country roads we traveled between the green fields of Flanders where brave workers—men, women and children were toiling side by side. Each bit of land must yield its full quota, for had not these fields actually been built from the sand and made fertile year after year by their forefathers? So now must they not, in

their kingdom's new birth, show the result of the centuries of toil?

Could it be that but three years ago this was a devastated country—the fields cut with trenches and scarred deep with shell holes? Was the enemy actually quartered in every town, were the people fearful of the result of each word or deed?

Without having once seen it, it would have been almost impossible to believe. Now there is an air of contentment, of peaceful toil carried on with smiling energy.

But there was something odd about these towns, about the children in the towns. What was it? We got the impression but could not put it

into words. We saw little legs and dull eyes, but malnutrition was not strange to us and there was a good proportion of fine healthy-looking children. At last it dawned on us—there were no children playing. They were generally sitting on the doorstep or leaning against the wall idly gazing straight ahead. Once we saw two little girls playing at "keeping house" with their dolls and then—Hurrah! there was a big sand pile covered with happy, tumbling children.

Several times we caught glimpses of little girls sitting outside the door with their grandmothers. Grandmother and child were both intent on making lace and the air of the child was as old as that of the woman.

Not only in towns and villages did we see no play among children, but in the colonies also. It began to be appalling—a land where the children do not play. What was the matter? Was it the effect of the war? "No," our Belgian friends replied, "Our children have never

L'Infirmière Visiteuse Scolaire au Jardin d'Enfants.

played as you understand play. They play alone and there is one game and one only, that all boys and girls know, a sort of ball game where the children take sides and the ball is thrown from one group to another."

The American Junior Red Cross realized this need of play by hearing a little boy say, "Gee, I wish I was back in England. The fellers play there." So they have organized several playgrounds and have

Colonie de l'Oeuvre Nationale de Enfance à Knocke sur Mer. L'heure du bain.

given courses to play leaders. They have also given some playground equipment to each colony.

The National Children's Committee is awakening to this need and they have asked that the fifteen Belgian teachers, whom the Commission for Relief in Belgium Educational Foundation has brought to the United States for a year's study in Health Education, be permitted to see something of our playgrounds and learn of our play methods.

It has been a great task that the National Committee has accomplished in the last three years and is still accomplishing. Semi-governmental and semi-civil, it exerts a tremendous power in the protection of Belgian childhood. Almost all the child welfare agencies in the land are centralized under its supervision and control.

Its system of country and seaside colonies for debilitated children is unique. When a child is found by the school doctor to be underweight he is sent to a colony for three months or longer. There, under modern hygienic conditions he is taught habits of health, order and cleanliness. Government teachers, living in the colonies, hold regular classes so that on his return to school he does not lose his grade. The children are weighed and measured, but up till now no attempt has been made to interest the child in his own health record, nor to follow it up when he returns to his school.

In Dongleberg, one of the several colonies we visited, and in all we found material conditions and regime about the same—we arrived early one afternoon. On the beautiful lawn before the chateau, which is their home, three hundred little sun-tanned girls, all dressed in short white frocks, bare-legged and with sandaled feet, stood gravely in long lines, awaiting us. Each line had its teacher and we sensed the fact that the children had been kept standing for a long time—for we were much later than we had intended. As we entered the beautiful old chateau the long lines of brown and white little figures marched sedately down the road singing in spiritless manner the "Marseillaise."

For an hour we inspected the chateau, complete with every modern equipment for the well-being of the children. Everything was spotlessly clean, every window opened wide to the sunshine. Its perfect "spic-and-spanness," its complete "rightness" in every detail made us fairly ache to see some childish finger prints on the shining walls, some toys scattered around, some mischievous sign of a child's bubbling spirits.

In all that great building we came across one lone tot of six years. It was in the infirmary, and she was sitting quietly in her little low chair, but as we entered, she jumped up quickly and with a bright smile made us a courtesy. As she had been forbidden to leave the room, there was no thought of play in her mind—there was nothing to do but sit still, though she did wish she could be out in the sunshine with the others. We had to leave her to see where the "little mothers"

classes were held. There was the big American doll, the bath tub, the scales, the layette, everything exactly as it should be. Then we went out of doors and into the little house, furnished as a workingman's model home, where the girls are taught to be good housewives.

Again we heard the "Marseillaise" and the children came marching up for their afternoon lunch of coffee, bread and butter.

"Do you give your children real coffee?" I asked surprised.

"Oh, yes, it is real coffee," the director proudly replied. "It is very good—you will see—for we will have the same served to us now."

"But don't you think coffee is bad for children?"

"Perhaps, but they are accustomed to it. And it could not be very bad for them for, as you have seen, they gain steadily here."

"And beer," I asked a little breathlessly, "are they accustomed to that, too?"

"Oh yes, and we always give it to them for dinner."

And yet, without play and living under an almost military discipline and with "real" coffee and beer, the children, both in the boys and girls colonies, seemed happy and certainly had gained in weight and strength.

The National Committee is doing a large work of real value to the children of Belgium. No one feels more keenly than itself its own ignorance, nor is more eager to learn of new things and methods.

In an area no larger than the state of Rhode Island it has 2092 communes and proposes to establish infant consultations in each commune. Already in the past two years it has established 900.

It has mothers' canteens and milk stations, school lunches for the undernourished child, day nurseries, houses for the abandoned and illegitimate child. In fact, it can be truly proud of its work for the preschool age child.

And next year, in co-operation with the Commission for the Relief of Belgium Educational Foundation it will work toward the establishment of health teaching in all the schools.

And all of this in a country that before the war had practically no work for the health of children of school age, and since the war has labored under the heavy burden of poverty!

A PHYSICAL EDUCATION PROGRAM

ALICE H. WOOD, DIRECTOR

ELIZABETH MCCORMICK MEMORIAL FUND

BEFORE entering upon a discussion of physical education we need to agree on a definition of what the term "physical education" really includes. Recently, a large committee of experts sat all day long discussing the exact meaning of "nutrition" without in the end coming to a conclusion. I imagine that it might be equally difficult to come to a unanimous agreement as to a definition of "physical education." In some schools, physical education covers all physical training and activities, track athletics, physical examinations of children, health education and hygiene, and even the nutrition work; while in others physical education is confined solely to muscular exercise without reference to any other aspect of physical well being or health.

Back of the movement for physical education in its first modern conception, there was undoubtedly the ideal of the perfectly developed Greek athlete. In the common practice of physical training today, we seem often to have forgotten that the Greek ideal included perfect health, perfection of form, beauty in itself as an end to be desired; it was never confined to muscular development alone which might, or might not, win the wreath of laurel or bay. Our conception has been narrowed instead of broadened until now, in general, physical education in most schools seems to mean work in the gymnasium or on the playground, with muscular activity as its chief end, instead of perfect health as the goal to be achieved.

Since the revelations of the army examinations, which showed so many of our men unfit for service, the movement for physical training has been tremendously accelerated, but I believe that if it is to be an adequate cure for the conditions found, we must have a very much broader conception of what physical education should rightly include than we have at present in mind. My own point of view in regard to this subject has been reached by practical experience in promoting the health of children through the medium of the Elizabeth McCormick Memorial Fund of Chicago. This is a private foundation made by Mr. and Mrs. Cyrus Hall McCormick in memory of their only daughter, Elizabeth, who died in 1905. The Fund was created in 1908, on the broad and simple basis of "improving the conditions of child life in the United States." It has been devoted chiefly so far to promoting the health of children in various ways; at first, through infant welfare centers, then through open-air schools, and at the

present time, through various methods of health education in schools and through nutrition classes for undernourished children. We have had on our staff physicians, nurses, teachers, dietitians, and physical educators, to gain as nearly as possible the different points of view in the development of this subject of child health which is of such paramount importance in our national life.

Within the last few years, a large number of investigations of the physical condition of school children have been made by various organizations, including the Elizabeth McCormick Memorial Fund. Some of the schools showing the greatest amount of malnutrition and physical defects among the pupils, have been schools where physical education has been carried on for years. Chicago schools have had some form of physical education since 1886, and yet in a careful study of 10,000 school children made from widely differing groups in the city, an average of 40 per cent of the children was found to be seriously malnourished and handicapped by physical defects. It has also been found that the schools that have had no physical training have, in some cases, had excellent health records for their children. It seems also true from the investigations that, while physical education in the generally accepted meaning of the term is good for well children, it may, if unintelligently directed, do as much harm as good to the groups who are not fitted to take advantage of it. In a number of schools, the underweight and defective children were being put through exactly the same course of physical training as up-to-weight children, with the result that the malnourished pupils go steadily down-hill on this program.

It has been found in several schools that as many as four per cent of the children had bad hearts, but that they were going through the same exercises as those children who were physically equipped for muscular exertion. It would seem to be a fundamental principle that careful physical examination, including heart and lungs, should be given to every child before he is admitted to gymnasium or to general physical exercise, as well as to any track athletics, but this is rarely done in practice. Recently, in one very progressive high school, which had an excellent record for its basket-ball teams, it was found that certain large boys were put in the sweat box for three hours at a time until they came out at the point of exhaustion, so that they might reduce their weight to make a certain team for which a weight limit had been set. In one very large school system in the middle west, where excellent health education has been carried on, it was found that preliminary to the famous inter-school athletic meet of the spring, a large group of children did everything possible to lose weight so that they might get into classifications that would give them a better chance of winning in the competitions. This obvious lack of team work in the different departments of the school system

has now been noted, and it is promised that no child underweight for height, or physically defective, will be admitted to athletic contests.

In every school attempting physical training, there should be a set of standards for the different groups of children, so that the exercises will be given only to those whom they will benefit and in no way result in harm. In one of the high schools where a very large number of children, boys and girls, were seriously underweight, and were placed, at their own request, in nutrition classes, the director in charge of physical education was utterly unsympathetic to the whole movement and would not excuse the boys and girls from gymnasium and playground work. After some months, however, when he had watched the good effect on the few children who were given the extra rests, this director reversed his decision and agreed to excuse all the underweight boys and girls from exercise upon condition they should rest during that period. The results were so astonishing in gains to the young people that I trust he is now a permanent convert to the fact that rest and relaxation have quite as important a place in a physical education program as have muscular development and athletic competition.

High schools and many grade schools are, of course, run on the credit system, and if we can get our physical educators giving the same credit for rest to the underweight and physically handicapped group that is given to the physically perfect children for athletics and physical training, we shall take a very long step forward in the physical education program. Such credit was given in one high school where the cooperation of the health education and physical training departments was assured, and the results in inducing the young people to take the prescribed rests were most satisfactory and the gains in health remarkable. It would seem obvious that any school system progressive enough to have a physical training department would arrange to have all the forces working for health and physical development in perfect accord. So far is this from being the case, however, that frequently the chief opponent to the teaching of health and the training in health habits in the schoolrooms has been the physical director, who has often failed also to see how the teaching in food values directly affects the children in his care, and has remained unwilling to cooperate with the other school departments working towards his same end by different means. In one state, the chief opponent to the spread of nutrition service in the schools was the State Director of Physical Education!

Dartmouth College has, I believe, set some standards to which their young men must measure up if they expect to be admitted to any athletics; a number of high schools and elementary schools are making similar standards and are not admitting any underweight or physically handicapped child to any athletic contests whatsoever, a most encouraging mark of progress. It is becoming more generally recognized, more-

over, that the over-specialization of today in training young men and women for athletic sports has not produced in every case the finest physical specimens. The Greek ideal has indeed been lost sight of when a large number of football and baseball players and track athletes break down with tuberculosis during or shortly after their training period. In seeing schools all over this country, I have also been struck with the fact that physical educators seem largely oblivious to the needs for fresh air, to the advantages of having the young people exercise out of doors wherever possible, and to the necessity for having the air in the gymnasium at all times cool and fresh. In any number of schools, I have seen the students exercising violently in the gymnasium where the thermometer was over 70 and the windows never opened, no provision afterwards being made for shower baths or change of clothes, the children returning to their classrooms with great possibility of chill from wet clothing.

Since the weighing and measuring tests of the Children's Year were followed by investigations into the health conditions of school children all over this country, it has been amply proven that this question of physical unfitness is not a question of poverty, but of ignorance, as many children in the well-to-do districts and in schools in the prosperous neighborhoods are as seriously underweight as are those in the crowded districts of our city tenements and in our neglected rural schools. Therefore, our remedy for such a condition must be through education and not through an economic revolution or an extension of private charities as had previously been supposed. As an example, in two of the finest private schools in the middle west, one in a city and one in a suburban community, where the physical education department was of the very finest, 28 and 26 per cent, respectively, of the children were seriously underweight for their height and in need of special care. Even in these two leading schools which did recognize the need for nutrition work and for health education among the children, it was with the greatest possible difficulty that the physical education department was induced to cooperate with the health education program and modify the exercises of the children to meet the needs of the underweight group.

It is sometimes necessary not only to convince the physical educators but the parents as well that a child should be given rest instead of added exercise or stimulus. We have had numberless examples of this in our work. One boy who was carrying a heavy high school load was forced by his mother to take a newspaper route because she feared that he would grow up without business instincts if he did not begin early his commercial career. The boy steadily went down-hill under this program added to his high school work and the parent could not be persuaded that it was the extra exertion that was bad for the boy. She insisted he had some inherent physical defect which was not discovered.

The family, however, was quarantined for three or four weeks and the boy could not carry his newspaper route, and therefore took his rests at home, with the result that the weight line on his chart instantly started up, showing a gain of an almost incredible number of pounds when he was released from this extra activity.

Mrs. S. came to us about a year ago for advice regarding eleven-year-old Virginia, who was twelve pounds, or 15 per cent, underweight. Virginia had always received the best of medical care and was free of physical defects. She went to bed every night at seven-thirty and was eating a suitable and adequate diet. In spite of all this care, she was so thin that her mother was worried and most anxious to "build her up." Further questioning revealed that besides attending a high grade private school, the curriculum of which included strenuous gymnasium work, Virginia was taking lessons in Russian dancing and music. The dancing lessons were stopped at once and the gymnasium and music practice curtailed. During the year from January 22, 1921, to January 12, 1922, Virginia grew 2 1-2 inches, although she was above the average height for a girl of her age and she increased in weight 19 1-4 pounds, that is, from 66 1-2 to 85 3-4 pounds, and reduced her underweight percentage from 15 to 3 per cent.

Eva S., a member of one of our high school classes, was excused from gymnasium work and permitted to take rest periods instead because the physician on examining her discovered a slight heart lesion. During the four previous weeks, although on the same routine, she had gained only a half pound. After leaving the gymnasium class, she started to make regular weekly gains and increased in weight from 89 pounds on March 10th to 96 3-4 on June 2nd. Many similar cases could be cited.

I am not in any sense deprecating the need for physical education in our schools, but I am trying to make a plea for a broader comprehension of what physical development and perfect health really involves. If the whole health program is to be placed in the physical education department, including the training in health habits, personal hygiene, and so forth, then we must have better trained people to direct this department, occupying so vital a part of all education. If physical training is to come into its own in the broadest sense of the word, the preparation of the students in the schools for physical education must be broadened to include a greater knowledge of physical defects to which children are subject, the results of such defects if uncorrected, a greater knowledge of values of social environment and the effects of home conditions upon children, the result of exercise upon certain underweight and defective children, and a much larger conception of the development of positive health as an end in itself. So far as the training for group games, playground work, track athletics, gymnasium work, the courses in these schools would seem to be adequate, but more

should be taught of food values, nutrition and the meaning of physical defects, if our leaders of physical education are to develop the all-around health program and courses in health education which should accompany the physical training. If physical education is, however, to be limited to the development of the muscular activities of the child, as it is largely today, then we must have a much closer cooperation between doctors, nurses, physical educators, teachers, dietitians and nutrition workers as to the place muscular activity must play in the whole program of the child, considered from the all important point of view of perfect health. With a broadened scope for physical education and with this cooperation in our schools and all the leaders of these different departments working together for the good of the child, we may then realize, I believe, the ideal which we all have in view—perfect health for every single child in every school in the land.

THE THIRTEENTH ANNUAL MEETING

JOHN FOOTE, M.D.

THE Thirteenth Annual Meeting of the American Child Hygiene Association, which was held in Washington, D. C., will probably be the last meeting of this organization which will be held under its old title, since the work of amalgamation with the Child Health Organization into an organization with probably a new name is now well under way. It was fitting under these circumstances, that the Washington meeting should be an unusually successful one—and no one who was in attendance can have any reasonable doubts as to the success of every feature of the Thirteenth Annual Meeting.

All of the activities of the meeting, excepting the Medical Session were held within a radius of a block or two. The superb marble temple, Memorial Continental Hall, was a dignified as well as a beautiful setting to the section gatherings as well as to the great public meeting on the opening night, Thursday, October 12th. The beautiful building of the American Red Cross, where the Nurses' Session was held, as well as the stately Corcoran Art Gallery, which was thrown open for an informal gathering, are in close proximity to Memorial Continental Hall, and all of these structures in turn are within easy walking distance from the New Willard Hotel, which had been designated as official headquarters. Our general offices are situated only a short distance from and on the same street with the Memorial Continental Hall and the other buildings occupied by sessions. Here the registration bureau was established, as well as the office of the Transportation Manager, which was so successfully

superintended by the representative of the American Express Company.

This concentration of activities gave a smoothness to the functioning of the meeting which was in many ways unique.

The Director's Meeting was notable for the final passage of the resolution declaring for a merger of this Association and the Child Health Organization of America. The text of the resolution, which was presented by Mr. Homer Folks, of New York, and unanimously adopted on Friday, October 13th, and as unanimously approved at the business meeting of members of the Association the same evening, is as follows:

WHEREAS it has become more and more evident that duplication of effort and overlapping of activities have interfered with the success of the program for the health of infancy and childhood, and

WHEREAS the Child Health Organization of America, at a meeting of its Trustees, held May 22, 1922, approved of the proposal to consolidate with the American Child Hygiene Association, and

WHEREAS the Board of Directors of the American Child Hygiene Association, at a special meeting, held June 30, 1922, similarly approved of such consolidation and appointed a committee to confer with the Child Health Organization of America and refer the matter to the Association for action,

THEREFORE BE IT RESOLVED:

I. That the American Child Hygiene Association agrees to consolidate with the Child Health Organization of America to form a new organization, provided both organizations agree to the following:

A. That the full control of the policies and activities of the new organization shall be in the hands of a Board of Directors or Trustees.

B. That there shall be one General Executive, who shall be responsible to the Board of Directors or Trustees and shall have charge of the administration of the new organization.

C. That there shall be appointed by the new Board, when formed, a committee which shall be directed to work out the organization of the staff of the new organization in such a way as to continue the objects of the two consolidating organizations, without necessarily adhering to the present organization lines.

II. That the President shall appoint from the Board of Directors a committee to prepare, with a similar committee of the Child Health Organization of America, a constitution for the new organization, which committee shall have power to accept this constitution in the name of the American Child Hygiene Association and to appoint such Officers, Boards and Committees as may be called for in the Constitution, to serve until their successors shall be chosen as shall be provided for in the Constitution, subject to the approval of the Board of Directors of the American Child Hygiene Association.

III. That if and when said consolidation is completed the Board of Directors of the American Child Hygiene Association shall have full power and authority to petition the Supreme Court of the District of Columbia to dissolve its incorporation and take any steps necessary to effect such dissolution should it deem it wise that this incorporated Association should be dissolved.

IV. That the new organization shall begin its activities January 1, 1923, or as soon thereafter as is possible.

V. That the President be, and hereby is, authorized to take, in the name of the Association, any legal action which may be necessary to affect this consolidation.

A unique feature of the business meeting of the Association was the reading by Mrs. H. W. Farnum, Jr. (formerly Miss Suzanne Silvercruys) of New Haven, until recently a resident of Belgium, of a resolution of greeting to Mr. Hoover and the Association from the people of Belgium. The message is as follows:

"Brussels, October 11th.

"Many thousands of little boys and girls send you loving greetings and expression of their gratitude for help given them in the darkest hours of the war by the Commission for Relief in Belgium. This gratitude distance and time will never dim."

HENRI JASPAR,
Minister of Foreign Affairs.

Addresses were also made by native representatives from Belgium, Italy, Poland, the Philippines and Mexico, appointed by their governments to speak to this Association. Real progress was seen in the reports of the affiliated societies in various parts of the United States and Canada.

The message of greeting from President Harding which was read at the opening meeting on Thursday morning at Memorial Continental Hall was welcomed by prolonged applause. Mr. Harding said:

"The White House,
October 11, 1922

"My Dear Mr. Hoover:

I have been much interested to know of the twelve years' successful work of the American Child Hygiene Association. Regard for the importance of child care is almost as general as that personal love for children which is the tenderest sentiment of civilization.

"In serving twelve years as a co-ordinating agency for hundreds of active organizations that work for the child and in stimulating nationally the further growth of such effort, the association has rendered great service.

"Your work is one which, in our country, cannot lack for financial support, unselfish personal aid or high leadership. Accept my congratulations on your past accomplishments and my best wishes for the future.

Very truly yours,
WARREN G. HARDING."

A greeting from the Board of Commissioners of the District of Columbia was read by Mr. Gilbert Grosvenor, Chairman of the Washington Conference Committee, at the meeting on Thursday night. Commissioner Rudolph was present in person at the reception tendered the Association at Children's Hospital on Saturday afternoon, and personally met most of the delegates.

So the Capital as well as the District of Columbia gave an unmistakable official welcome to the American Child Hygiene Association.

A few changes occurred in the scientific program as printed in the supplement to the September MOTHER AND CHILD. Miss Mary Arnold presided in place of Doctor Adair, who was absent. Doctor De Normandie was also absent, and his place was taken by Dr. Prentiss Willson, of Washington, who occupied the chair at the

Session on Maternal Welfare. The Scientific Sessions were held in Continental Hall, and not in the New Willard Hotel.

It would be difficult to say what features of this meeting were most interesting. Many of the delegates were enthusiastic over the medical session in the new auditorium of the District of Columbia Medical Society. It would be difficult indeed not to be pleased with the papers by Doctor Veeder, Doctor Parks, and Doctor Grieves, and the ensuing journey to Children's Hospital, the demonstrations at the hospital, and the function which followed—the altogether charming reception and tea tendered by the Ladies Board of the Hospital in the Memorial Garden. To others, the Tea at the Children's Bureau, or the special gathering in the Corcoran Art Gallery, or the visit to the Arlington County Health Centre, with the accompanying scenic drive, or the Friday drive with its view of the collection of unique texts on the Nursing Care of the Child at the Surgeon General's Library—each of these features had its appeal. There were some who enjoyed especially the general meeting in Memorial Continental Hall on Thursday night, when Mr. Gilbert Grosvenor, President of the National Geographic Society, welcomed the delegates, Mr. Herbert Hoover presided and gave his Presidential Address, and addresses were made by the Ambassador of Great Britain, Sir Auckland Geddes, Dr. L. Emmett Holt, of New York, and Miss Elizabeth Fox, R.N., of Washington.

A remarkable feature of the unusually comprehensive program was the fact that no speaker was absent who had promised to present a paper. This was a record never before attained, as was also the number of registrations of delegates from localities other than the one where the meeting was held. The total registration at the Washington meeting was four hundred and thirty-six. The attendance of twenty-six directors of state divisions of child hygiene was also another record-breaking achievement.

In spite of the numerous attractions of the city itself, there were no scientific sessions which were not well attended, and at several of them seats were at a premium.

The triumphant success of this last meeting of the American Child Hygiene Association, prior to its merger, is the best evidence that could be adduced of its rapid growth and its increasing vigor.

A LETTER AND SOME COMMENT

Just before going to press a very courteous letter was received from Dr. C. W. Garrison, State Health Officer of Arkansas, enclosing some comment made by Dr. Frances Sage Bradley, Director of the Bureau of Child Hygiene of that State, on the Thirteenth Annual Meeting.

In comment Doctor Garrison says:

"For the past decade and more, the national organizations have been officered and directed by those dealing largely, if not exclusively with the problem of child hygiene as it applies to the large centers of population where it is possible to reach and maintain an ideal standard. For that reason, too little attention has been devoted to the big problem as met in the less populous areas and rural districts."

Doctor Bradley's interesting comment arrived too late for publication in full. The following paragraphs embody her main argument:

"Added to the material and spiritual surroundings an intellectual treat had been prepared in the form of an excellent program. Learned and scientific papers were read on the ideal Maternity Hospital with its senior staff of visiting physicians, its junior staff of resident and internes, its corps of well trained nurses, its laboratory, X-ray and other up-to-date equipment; on the better psychology of stressing the training of skilled obstetricians rather than dealing with the lowly midwife. An inspiring demonstration was made of the cubical isolation system showing approved plans of hospital building for the care of contagious diseases.

Such ideals were inspiring and made one long for this millennium. But on my way home I am reminded of the woman in whose cabin I spent a night recently. Her husband was away on "public works" and she was expecting her fourth baby with no help other than a partially blind old woman. When her three previous children were born she had sent for a doctor who lives not many miles away but the roads were bad and each time he was too late to be of service. "Anyway," she added, "he will not come to a confinement case unless we have the money in hand."

I call to mind the repeated statement that although the infant mortality is yielding steadily to modern methods of supervision, the maternal mortality remains untouched after eleven years of uplifting work by this and other organizations. I am wondering **why.**

I am reminded of the recently seen group of children in a lumber camp on a hot summer day, covered with heat, with mosquito bites and itch; of a father and three children suffering from trachoma; of a father and two children with odious hare lip; of little crippled children and of a community where diphtheria was called follicular tonsillitis until five deaths converted the local doctors to the virtues of prevention. Then the poor youngsters could not even swallow watermelon seed in peace without getting a shot of antitoxin.

These are some of the conditions I must meet and I am wondering **how.**

Doctor Garrison's statement that the work of the national organizations has been largely conducted by those who are confronted by city problems is scarcely questionable. That more attention could be given to rural problems may be admitted when we consider the importance of rural hygiene; but that city problems have been given precedence in the work or publications of this Association is difficult to maintain.

In the statistical analysis of the subject matter which appeared in MOTHER AND CHILD during 1922 (read at the business meeting) it was found that "Rural Problems" led all other subjects, general or special, in the number of columns allotted to it. It would scarcely be possible to accord it more space and at the same time be fair to readers and workers interested in other important phases of this work.

The need for obstetricians, the lack of control of contagious and other grave conditions enumerated by Dr. Bradley, can never be corrected except through administrative and educational cooperation by County and State health authorities. Perhaps local interest could be stimulated by discussing rural problems more fully at our Annual Meeting, and from this angle Doctor Bradley's two rhetorical question marks may be answerable in any event. The almost passionate zeal of the rural worker in attacking and surmounting obstacles is the best augury that health needs of the rural regions will never lack for interest-compelling advocates.

JOHN FOOTE.

CHILD HEALTH AND NUTRITIONAL CONFERENCES FOR THE PRE-SCHOOL CHILD

JEANIE PINCKNEY, Lecturer on Home Economics,
University of Texas, Bureau of Extension

WHAT do you think the growing school child would say if he could understand the many accusations that are brought against him in the statistics gathered from the school examinations of today? He would probably rebel. He would defend himself reminding you that it was only last year that anyone had ever told him how to gain weight or why he should drink milk instead of coffee. His mother, in all likelihood, would agree with her son, saying that she too, had only recently learned such things, and that the child had not had a fair chance.

Why wait until the child enters school to give him the advantage of a constructive health program? The pre-school age is the propitious time not only for correcting but for preventing the defects that hinder proper development. It is an age of great mental and nervous strain, and an age of steady growth. It is the period, while the child is under the close supervision of his mother, for the formation of right health habits.

The Home Economics Extension Division of the University of Texas, appreciating the crying need of the pre-school child, and realizing the fallacy of having him wait until he enters school for his health training to begin, organized its Child Health and Nutritional Conference, and for four years has been giving the pre-school child an opportunity to become physically fit before he enters school.

Prior to 1918, "baby shows" and "baby contests" were held extensively throughout the entire State. Our Division, at first, had some difficulty in making it clear to the public that this new program was a purely educational measure and not a show or contest where prizes were given. Now, a community that has had a Child Health and Nutritional Conference would not have a competitive program for anything, not even for the fair!

A community desiring to have such a program writes to the Home Economics Extension for information and for a field worker or nutrition specialist. A pamphlet, "Instructions for Conducting a Child Health Conference" is forwarded in which every detail of the organization of the Conference is given. Invitations to supervise the Conferences usually come through the Chairman of the Nursing Service. This Chairman secures the services of local organizations. Social Service Bureaus, Parent-Teacher Associations, Civic Clubs, Chambers of Commerce, Red Cross Chapters, Federated Clubs, County Home

Demonstration Agents, and full time Health Officers are some of the cooperating agencies through which we work. All is in readiness for work when the University nutrition specialist reaches the town. Only those towns that have a community nurse are visited, as the Conference would not fulfill its purpose unless there was a nurse to do the follow up work.

The number of days devoted to a Conference depends upon the size of the community. Two to five days is the usual length of time. Both morning and afternoon sessions are held. If a roomy Health Center is not already established, some centrally located ground floor is selected. A generous amount of space is required so that everything may be carried on in an orderly manner. Beside the reception room for the registration, literature, and copying tables, four other partitioned spaces are needed for the examinations, one for the weighing and measuring, one for the doctor, one for the dentist and one for the eye, ear, nose and throat specialist. All of these spaces should be well lighted and so arranged as to avoid noise and confusion. One of the many things we strive for is to have every child, as far as possible, go through without crying. If the arrangements are ideal, the children take the examination like little soldiers.

By having the cooperation of a local organization, many citizens become interested in public health work and an opportunity is given them to serve. The organization of the Conference is carried on by an executive chairman and five sub-chairmen. The duties of each is outlined in the instructions and there is no difficulty in carrying out the work. The selection and equipping of the rooms for the Conference is placed in the hands of the place and equipment committee. The rooms must be kept in order every day. The usual list of equipment for Health Centers is provided, such as scales, paper toweling, basins, disinfectants, tongue blades, extension cord, oilcloth covered tables, chairs, ink, blotters, and so forth.

The services of the local doctors and nurses are arranged by the professional service committee. A week before the conference all doctors and nurses of the community are visited and invited to help with the conference. The doctor indicates the time he prefers to give and a schedule is filled out for the entire time in this way. The doctors are very generous with their time and no difficulty has ever been encountered in securing their services. Very often the question arises why the State does not provide special doctors for this work. The answer rests on two facts. The local doctors are interested and want to keep up with such work and keep in touch with the children. Then, too, the local doctor is the one to make the corrections, and his interest is not lost if he, himself, studies the case. In using so many doctors there is a wide variation in the examination, as some of them are much more efficient and capable than others. As a rule, however, the

majority are good. By employing the services of the local doctors, the work becomes more stable and permanent.

The enrollment and appointment committee requires wide-awake active workers. It is their duty to enroll the children who will be brought to the conference. The committee is provided with the enrollment cards with the date and place of the conference inserted. These are distributed throughout the community in various ways. The school affords a splendid opportunity for distribution. These cards are filled in by the parents and returned to the committee. The committee then makes definite appointments either by telephone or by visits with the mothers. No child is examined unless he has been given an appointment. In this way, the doctor is assured of a full hour and the mother comes at a time convenient for her. This plan eliminates waste of time on part of the mother and doctor. Twelve children an hour, or one every five minutes is the plan of the schedule. This means that after the conference is started, there are four children going through the examination, one child in each room. This is equivalent to a twenty-minute examination for each child.

The registration committee provides for four workers each day. Two of these women record the family history and the questionnaire on diets and personal hygiene as specified on the health record, which has been compiled by the division so that they may be uniform for the conferences throughout the State. The other two members of the committee make two copies of each record, after the doctors have completed the examination. The record is so arranged as to be permanent, that is, it can be used for four consecutive years. The original copy is given to the mother to keep for the next year's conference. The first copy made belongs to the University, and the second copy to the local nurse.

Newspaper reports and stories; announcements at the churches and schools; posters, slides, motion pictures, and individual conferences are suggestive means for the publicity committee. The amount and kind of publicity depends upon the ingenuity and initiative of the committee. As a rule, however, many more children apply for the examination than we can take.

This briefly covers the organization. The success of the conference is not based entirely on the number of children attending, but rather on the thoroughness of the examination and the cooperation of the community. "Thoroughness" serves as the guiding principle for all the workers.

After the child is made ready for the examination, a nurse records his actual height and weight on his record, also the normal weight. This gives the mother the exact number of pounds over or under weight, that the child may be. It also serves as a help to the doctor for the examination. The child is then passed on to the physician where the

general examination is made. Only those defects that can be corrected are recorded. If the arm is too long or the head too large, no note is made. Any defect, such as distended abdomen, impetigo, round shoulders, and so fourth, is recorded. By recording only defects, the mother's attention is centered upon them and we get better results than if the good characteristics of the child are mentioned. The physician signs the card and passes the child on to the dentist.

The results obtained from the dentist's examination are certainly gratifying. As a rule the dentist not only points out defects, but he accomplishes a wonderful piece of preventive work. He is usually generous enough with his time, patience and knowledge to explain many things to the mother that she does not know about the teeth. For instance, he explains the misnomer of "temporary teeth" and warns her to care for them and pave the way for the permanent teeth. As a rule the mother has not realized the value of the baby teeth, so she thanks the doctor for his advice. After recording the defects and signing the record, the dentist dismisses the child, who then goes to the ear, eye, nose and throat specialist.

As a rule, this room does not appeal to the child, for it has the appearance of a "doctor's office." This is the hardest part of the examination and if the child cries at all, it is apt to be here. Many things are revealed by the specialist that the mother knows nothing about. All defects are recorded and the doctor's signature given.

The record is then turned over to the copying tables and the child is taken to the dressing room. By the time the child is dressed the health record is ready. The nutrition specialist goes over the card carefully with the mother, explaining any point she did not understand. Then a conference is held with the mother in regard to the child's diet. Invariably there will be some defect recorded that will open the way for such a discussion. Under or over weight, anaemia, distended abdomen, sallow complexion, rough skin, round shoulders, flabby muscles, flat chests, poor teeth, constipation, and many other defects, give an opportunity for the nutrition specialist to discuss the relation of food and food habits to health. Very often the mother has listed the questions she wishes to ask. A food leaflet pertaining to that particular age is given the mother. The record is given the mother and she is requested to keep it and bring it back with the child another year. An invitation is given her to attend the local Health Center regularly in order to build up the child before the conference of another year.

The joy of the second conference is to see the mother bringing the card back again. During the year both the nurse and the mother have tried to improve the child's physical condition. The child goes through the same examination again. Any correction of defects is noted and any further defects recorded. In one town, Abilene, the conference was held for the fourth time this spring. Each year had shown a re-

markable growth. Seven children reported for their fourth examination. This was a small number, but reference is made to it because it was the first town in the State to have the conference and it was the first to award the health and nutrition certificates as a reward for four years' attendance. It is not generally known or advertised that certificates are given because the division wishes the parent to bring the child through interest in the child's health only. Five of the seven children were in splendid condition. Two parents refused to accept the certificate until certain corrections had been made. On the morning of the last day of the conference, the doctor came in smiling and reported that he had removed the little Green girl's tonsils and adenoids and that she was ready for the certificate. Nothing is compulsory about the conference, but the interest shown in preparing these children for school by bringing them up to weight, by building a strong resistance, and by keeping the child in good physical condition is sufficient evidence that we are getting results from our conferences.

The Child Health and Nutritional Conference renders a great service to many towns that have not the advantage of well organized health measures. It awakens the people to the needs of the children of the community and it encourages the work of the public health nurse. It serves as a school for mothers, and last of all, it enables the preschool child to start on the road to being a healthy American citien.

THE CHILDREN'S WELFARE FEDERATION OF NEW YORK CITY

MARY ARNOLD

WHAT is the Children's Welfare Federation?

A Federation of 220 organizations who believe the welfare of children to be of such vital importance that it demands the combined effort and best thought of all organizations interested in children. Delegates from the member organizations of the Federation meet once a year and appoint a Board of Directors which is responsible to them for the policies of the Federation. The Board consists of representatives from thirty organizations, ten directors being elected each year to serve for three years. The Board meets twice a year and delegates power to a small Executive Committee of seven to act for it when it is not in session. It also elects the officers and appoints the Chairmen of the Standing Committees. This in brief, is an outline of the organization of the Federation.

The Children's Welfare Federation is an old friend with a new name to many. It has been known since 1912, as the "Babies' Welfare," the

official title being at first the Babies' Welfare Association. This was changed in 1920, to the Babies' Welfare Federation and again in 1922, to its present name, the Children's Welfare Federation. The work of the Federation in its inception was to bring together the forces interested in reducing the infant mortality. The goodwill and cooperation which it has fostered among the organizations who are working to keep the well babies well and to keep down the infant death rate have contributed in no mean measure to the success of the work which has been accomplished. A glance at conditions in this special field of work ten years ago and a picture of the 1922 program may be of interest.

In 1911, the infant death rate for New York City was 112. A few infant milk stations under private control were in existence, but operating independently of each other and competing to the point of looking upon each other with suspicion. When the Department of Health opened its first milk stations, Dr. S. Josephine Baker, Director of the Bureau of Child Hygiene, realized at once the value of working in close touch with the private organizations doing similar work and called a conference. To her vision the Children's Welfare Federation owes its origin, as the seeds were sown at that first meeting which have grown and developed into a Federation of over two hundred organizations.

The Association of Infant Milk Stations was organized under Doctor Baker's direction in 1911. In the spring of 1912, this group invited thirty more organizations to join them, and the Babies' Welfare Association came into being. The Standing Committee on Health Stations of the Children's Welfare Federation represents that first conference group called together in 1911, by Doctor Baker. To its membership many new organizations have been added. It is open to any group interested in conference centers for mothers and babies and now has a membership of twenty-two organizations. Through the efforts of this Committee, four of our five boroughs have been districted for health station work; the Health Stations in the fifth borough are scattered on account of rural conditions and therefore the need of given districts has not arisen. There is small chance of a group starting to open a Health Station for babies without someone first referring them to Children's Welfare Federation to learn what is already being done and where the need is for more work. The year 1922, finds 91 Health Stations operating in New York City with an average weekly enrollment of over 34,000 babies sixty-eight of these stations are operated by the City, 23 by private agencies. Each station has a given district for which it is responsible. Standard record cards are used and weekly reports made to the central office of the Children's Welfare Federation. Overlapping and friction have been eliminated.

This Committee has not only considered the development of cooperation among its own members, but has worked out policies with

allied groups through the other Standing Committees of the Federation and by means of informal conferences called by the Federation at the request of any one of its members. A carefully worked out system for aftercare of discharged mothers and new born babies is carried on by the Clearing House of the Federation. Twelve to fourteen thousand cases of babies under one month are referred each year to the Health Stations by means of a transfer slip. In less than forty-eight hours after a mother and babe have left the hospital or after a district nurse or hospital social service worker has paid her last visit, the nurse from the Health Station in whose district the mother lives receives word and the responsibility is hers to call on the mother and explain again the value of registering her baby at the Health Station and learning how to keep him well. The 1921 record for New York City shows an infant death of 71.1. Over 75,000 of our babies have been under health station supervision during the year and in this group the death rate per 1000 babies enrolled is 3.3 per cent.

During the past year two sub-committees organized by the Committee on Health Stations have been made permanent standing Committees of the Federation. A Committee on Prenatal Care, and a Committee on Pre-School Age Clinics and Nutritional Classes. Although all three of these Committees have many points in common and must, if necessary, work in close touch with each other, it has been demonstrated that they can work more easily and avoid delays and red tape by being independent of each other. In some instances an organization may want representation on all three, but usually a different representative who is in close touch with each special piece of work, is appointed for each Committee. It is the policy of the Federation to give the different Committees as much freedom of action as possible and to be guided by the recommendations they forward to the Board regarding their own development.

The Committee on Pre-natal Care, in co-operation with the Committee on Health Stations, have adopted uniform rules for Public Health nurses to use in instructing mothers. This leaflet known as "Routine Care of Babies" is published by the Federation and distributed free. It seems to have met a long felt need among the nurses throughout the country. Innumerable requests for copies have been received from nursing organizations. The Maternity Center Association of New York City sends a sample copy out with all of the literature which they distribute. In revising the leaflet this year an attempt was made to secure the co-operation and interest of the head nurses in the maternity wards of all of our hospitals. Invitations were sent them to attend the conferences and participate in the discussion and a large number of hospitals responded. The revised edition of "Uniform Rules on the Routine Care of Babies" will be ready for distribution in the fall.

The sub-committee on Pre-School Age Clinics was organized immediately following Children's Year, as the central office was besieged with requests for record cards and for information as to how to start a clinic. Thirty-two organizations are now members of this group which has grown to include nutritional classes as well. The standard record card adopted by this Committee has been in use for the past two years. After a year's trial it was revised to more completely meet the needs of the different organizations. In some sections of the city local conferences have been held at the request of members of the Committee and district boundaries have been decided on in order to prevent duplication.

One of the problems which the Federation has tried to solve was the lack of sufficient facilities for the temporary care of babies and children whose mothers are ill. The Standing Committee which brings together all of our Temporary Shelters has been campaigning steadily for a number of years and has secured very definite results. The survey made for this Committee has been used by a number of organizations in their campaign for funds, new shelters have been opened and old ones improved and enlarged.

The Committee on Hospitals and Dispensaries is the most loosely organized group in the Federation and, in fact, can hardly be called a permanent group. The chairman calls into conference each year the hospitals and dispensaries interested in the special problem to be taken up—for example, when the Federation was asked by the Academy of Medicine and others to consider the question of securing sufficient care for tonsil and adenoid cases, a survey was made and all of the hospitals having tonsil and adenoid service were called into conference. It was found that some of the hospitals had waiting lists up in the hundreds and others none at all. At the recommendation of the Public Health Committee of the Academy of Medicine, the Federation is acting as a Clearing House for tonsil and adenoid cases in order to secure a more even distribution. Contact was made at once with hospitals having very small and no waiting lists. At the present time from 30 to 40 cases are placed per week through the central office of the Children's Welfare Federation. One year a series of local conferences was held throughout the city to bring together the dispensary chiefs in a given neighborhood with the doctors in charge of the health stations. In some instances it was found that the lack of co-operation was due in a large measure to the lack of knowledge of what the functions of a health station are. Definite local policies of transferring babies were worked out and in two instances health stations were organized—one by a dispensary and one by a hospital. Each were invited to join the Committee on Health Stations, districts were assigned to them and standard record cards accepted.

The Children's Welfare Federation has no set rule or recipe for the methods used in organizing its various standing committees. The Committee on Boarding Homes came into being as the direct result of a Two-Day Conference held by the Federation to consider the standards of organizations placing children in private boarding homes. Thirty-six organizations were represented at these Conferences and two committees were appointed. One to consider the standardization of homes and board paid; the others to consider home finding and registration of homes. After a number of meetings of each group a jaint meeting was held and a preliminary report issued. The committees felt that there was a great deal to be gained by regular group meetings and therefore forwarded a request to the Board of Directors of the Children's Welfare Federation asking that they be made a permanent standing Committee on Boarding Homes.

The Committee on Boarding Homes has been in existence a little over a year and has already succeeded in establishing the central registration of all boarding homes with the Social Service Exchanges. This not only eliminates the possibility of one organization, through lack of knowledge, using a vacancy occurring in a home already under the supervision of another organization, but has also been the means of securing from other organizations listed with the Exchanges as interested in family, more information concerning the home which has proved of value. Two sub-committees are now at work studying all the record cards in use and preparing composite cards for the committee to discuss, modify and finally adopt, as it is the aim of the committee to finally have Standard Record Cards which will be acceptable to all of the organizations placing children in boarding homes.

The Committee on Fresh Air and Convalescent Care is the youngest committee of the Federation but it has been very active since it was organized eight months ago. At the request of organizations called into conference to consider the organization of the Committee, the membership has been limited this first year to organizations doing general fresh air and convalescent work. Only the organizations operating the homes and camps—some thirty-six in number—were invited to join the committee. Monthly conferences have been held from October to May. It was decided that the efforts of the group should concentrate on the problem of how to find the neediest child this summer. The survey made by the Federation showed that there were 6657 free beds for mothers, babies, and children up to 14 years, and the average length of stay was two weeks. If, therefore, every home and camp ran to full capacity for ten weeks during the summer, which would mean five parties for each home, approximately 34,000 mothers and children would be provided for.

In New York City we have a million children in our public schools alone, a population of 450,000 runabouts, and mothers and babies without number. It is estimated that there are at lesat 100,000 boys and girls in urgent need of fresh air and less than 34,000 can be provided with free care, with possibly 15,000 more in our pay homes and camps.

A standard fresh air application card giving the minimum information any nurse or social worker must have before referring a case and a simple means of grading the children according to their physical condition has been drawn up and adopted by the committee. The Fresh Air Homes having innumerable applications and a limited number of vacancies have agreed to give first consideration to Grade D and C cases, and by this means the committee hope that a larger percentage of our children to whom two weeks in the country and good food means the turning point towards good health will be reached this year.

A Fresh Air Conference was called in the Spring by the Committee and an opportunity given to the many groups sending children to the country to present their problems for discussion. There were over 275 people at the conference and the committee had a splendid chance to explain the use and the need of the Standard Application Card. The Federation has published and distributed free the first 20,000 cards. The rest are to be sold at cost. One hundred and sixty organizations are using the cards at the time this goes to print. Special letters have been sent out by the committee to all the receiving organizations asking them to keep careful record by means of these cards for tabulation in the fall—their slogan being "A careful record of 1922 work means a better fresh air program for 1923."

The work of the Federation has developed to cover the problems affecting the child over two years of age where there has been a demand for it, but not until the present year have the Board of Directors felt justified in definitely enlarging the scope of the Federation and adopting a comprehensive program carrying the Committee work into all phases of child welfare work. Lack of funds and a limited staff have checked progress as is so often the case in welfare work. It is difficult to make a popular appeal on the ground of efficiency and the Federation has had to depend in a large measure on the public for support. There are no stated membership dues, but a large number of member organizations contribute generously.

The Clearing House and Information Bureau operated by the Federation reach the large army of field workers and interested individuals who may or may not hear of the work which is carried on by the Standing Committees. The Clearing House acts as the guide or go-between for the busy nurse, social worker or socially minded doctor and the organization best equipped to handle the case in question. It

is used by some only in an emergency while others in the habit of referring cases may ask for advice in placing an adult as well as placing a child and assistance is never refused. The Clearing House can often secure in half an hour's time information it might take a nurse, in addition to all her other duties, a couple of days to obtain. Many organizations taking different types of cases have come to look upon the Clearing House as a source of supply and therefore keep it informed of their vacancies. Others prefer to take cases through the Clearing House as they can hold it responsible for the case on discharge; the function of the Clearing House in those instances being reversed to finding out for an organization the final disposition of the case as planned by the field worker originally referring it.

The disposition of the cases reported can often serve as a guide as to whether our facilities are adequate and have in the past been used to advantage. The object of the clearing house is to save the time of the busy workers and thus make it possible for her to reach a larger number of children and to secure immediate care for every child. Many different groups of welfare workers call upon its services, such as personnel workers in our large department stores, newspapers, employment bureaus, in addition to every type of welfare organization. During the month of June the high water mark was reached, 1891 individual cases were referred for which 1936 placements were made. (Several dispositions may be made for one case, such as hospital care, followed by convalescent care or temporary placement pending a permanent home, but the child is considered one case until final disposition is made.) These cases were referred by the representatives of 103 different organizations, and contact was made with 78 other organizations, in arranging for their placement.

The information Bureau aims to keep in touch with every type of child welfare work carried on in the city and its environments. It makes this data available for everyone by publishing a directory of Child Welfare Agencies and a Health Station Directory Card. In addition, conferences are held, statistics prepared and every kind of inquiry answered.

Through the Central Office of the Federation record cards and supplies of various kinds are distributed or sold at cost. The distribution of free ice books is carried on for the large ice companies who assume all financial responsibility but ask the Federation to direct the distribution for them. Surveys are made and results tabulated for the various standing committees. The Central Office offers to the organizations represented on the Standing Committee the machinery through which they can work and carry out their plans. Local district meetings and conferences for individual boroughs are held upon request and in some instances at stated intervals.

The Federation has nine Standing Committees; the work of seven

has already been described. The Committee on Publicity and the Committee on Finances are responsible for the support of work of the Federation. The enlarged program just adopted provides for the organization of four new committees to be called for the present Special Committees, one on Children's Courts, one on Vocational Guidance, one on Recreational Facilities and one on Child Placement and Adoption. These may in time become permanent Standing Committees, if the groups involved so desire. In addition to the new Committees, two Advisory Councils are to be formed, one to consider "Children under six years," the other "Children in School and Industry." Experts and representatives from the various committees will be sent forward to serve on these Councils in order that they may have available information regarding all the facilities for care of the age group they have under consideration. The Councils will be responsible for recommendations to be sent back to the various functional groups and also to the Board of Directors, but their power will be purely advisory.

The 1921 report of the Federation shows that 255 different organizations availed themselves of the services of the Clearing House during the year; that 146 organizations actively participated in Committee work, while 80 organizations acted as distributing agents for free ice books and 216 called upon the Federation for record cards and supplies of various kinds. The active mailing list used for reports, circular letters, and so forth, numbers about 1000 individuals.

With its enlarged program and the change of name, showing that the Federation is interested in children as well as babies, the Federation aims to greatly increase its sphere of usefulness.

The success of its work depends entirely upon the interest and support of the many Child Welfare Organizations and their individual representatives and workers. Their loyalty and faith in the policies for which the Federation has stood during the past ten years make it possible for us all to look forward with renewed enthusiasm to the promises of the future.

MOTHER AND CHILD HEALTH TALKS

NUMBER 10

FEEDING CHILDREN FROM TWO TO THREE YEARS OF AGE

HENRY L. K. SHAW, M.D., ALBANY

NEW problems arise in the manner and matter of feeding when the baby, reaching the second milestone on its journey through life, slips from its mother's lap and becomes a tiny toddler. Nature demands a wider range of food materials to supply the needs for body building and development, to provide the necessary fuel to keep the engine running at the proper temperature, and to replace losses from combustion, radiation and evaporation. The superstitious dread of teething and the second summer makes many mothers especially careful in the first two years in feeding their children but when the third summer arrives they are apt to relax their vigilance and let down the bars. The child itself is less dependent on the attention of others and can express his likes and dislikes in a most emphatic and often convincing manner.

This is the age period in which proper food habits must be insisted upon even at the cost of punishment and discipline. Tact and firmness in the management of young children are essential. Two facts in the psychology of early childhood should be recognized as normal and commonplace. One is the so-called negative phase when they persist in doing the opposite to what is requested or desired. The other is their craving for attention. They love to be in the center of the stage. If they discover that by refusing food they become objects of greater attention, they will stubbornly and consistently refuse to eat. The management and control of this refusal is simple when its true nature is recognized.

Regularity, simplicity and sufficiency are three cardinal principles to be observed in feeding young children.

At three years a child thrives best on three meals a day. These are given at regular hours and food should not be allowed between these hours except in special instances. The stomach performs its functions in a definite cycle and takes about four hours to complete the digestion of a single meal. If more food be added before the stomach is empty the work of digestion has to begin all over again and the normal cycle is disturbed with resulting indigestion, fermentation and formation of gases and acid. The stomach requires rest between meals in order to do its best and most efficient work.

Simplicity in diet not only refers to the character of the food but

also to the variety served at any meal. All foods served to young children should be simply cooked without condiments.

By sufficiency is meant enough food to supply all the needs of a growing child. Scientists have determined the amount of food necessary to sustain and maintain life in terms of calories or heat units. Each food element has its known fuel value and the amount required by any one child depends on its age, weight and activity and cannot be stated by any hard and fast rule. The eruption of the first set of 20 teeth is an indication that solid foods requiring more or less mastication should be included in the diet. Young children must be taught to eat slowly and to thoroughly chew their food. This not only aids digestion but it exercises the teeth. If soft mushy foods are given to the exclusion of hard bulky foods the teeth will soon become decayed. This also occurs when sugar and starches are allowed to ferment between the teeth so that acids form which penetrate through the enamel.

The following is a diet suitable for a child from two to three years of age. Three cups of milk a day are sufficient and if more milk is given the child will not be so eager to eat the cereal and solid food.

BREAKFAST.

The juice of one sweet orange, or the pulp of six stewed prunes, or apple sauce. Either a well-cooked cereal (corn meal, pettijohn, oatmeal, rice, cracked wheat, wheatena) salted or with one-half to one teaspoonful of sugar, with milk; or a soft boiled or poached egg with stale bread or toast. Cup of milk.

DINNER

Choice of (1) broth or soup (chicken, beef or mutton thickened with peas or rice). Vegetables can be cooked in broth and strained. (2) White meat of chicken, chop, rare roast beef, rare steak or broiled fish. Asparagus, carrots, string beans, peas, boiled or baked potato, spinach. One potato and one vegetable can be taken at one meal. All vegetables should be thoroughly cooked and mashed. Stale bread and butter. Cup of milk. Dessert: Baked apple, plain bread pudding, corn starch, custard, junket, stewed fruit, plain rice pudding.

SUPPER.

Well-cooked cereal, bread and milk, bread and butter, cocoa, stewed fruit, apple sauce. Cup of milk. Stale bread and butter or zwieback or whole wheat crackers.

Unsuitable Foods—To be Avoided

There are a number of foods which must be avoided as they are unsuitable for young children such as:

MEATS—Corned beef, dried beef, liver, sweetbreads, ham, pork sausage, meat stews, dressings from roasted meats, condiments.

VEGETABLES—Fried, of all varieties; cabbage, green corn, cucumbers, fried egg plant, raw or fried onions, and all raw articles such as raw celery, radishes, etc.

BREAD AND CAKES—Griddle cakes, hot bread, rolls, sweet cakes.

DESSERTS—Candy, jellies, nuts, pastry, pies, preserves, salad, syrups, tarts, popcorn, peanuts, ice cream cones, etc.

DRINKS—Coffee, tea.

MOTHER AND CHILD

A Magazine Concerned With Their Health

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NOVEMBER, 1922

The New Association

By a unanimous action, the Board of Directors and the members of the American Child Hygiene Association, at the Thirteenth Annual Meeting, voted in favor of amalgamation with the Child Health Organization of America in order that greater efficiency may be attained in pushing forward the program for the health of infants and the children of America. Discussion of details of the amalgamation will be left to the joint committee from the two organizations.

The Honorable Herbert Hoover was re-elected president to serve until the directors of the new organization meet. The resignation of Dr. Livingston Farrand was accepted, and Mr. Hoover was re-elected in compliance with the suggestion made by Dr. Farrand, who was then designated as President-Elect. The personnel of the Executive Committee and all other offices was continued unchanged, and the entire executive staff was retained.

The Conservation of Ideas

Americans are a nation, not alone of phrase makers, but of phrase lovers. We not only manufacture phrases almost daily to fit certain definite conditions or events, but we also rapidly assimilate our neighbor's pet expressions with avidity. Slang has been condemned because it is a short cut to expression and consequently to thought. But all professions have their slang—or its equivalent—in effect if not in character, such equivalents being the set phrases used by the lawyer, the physician—and indeed, most of all by clergymen. Certainly no public speaker of any profession need ever rack his brain for ideas if he can recall a sufficient number of diffusely ambiguous and at the same time all-embracing phrases. A few well chosen "it is with great pleasure," and "if I may be pardoned the allusion" and "palladium of our liberties" and "on the one hand" or "on the other hand" phrases need few words strung between them to make a fairly average speech. A knowledge of the osteology of speech-making once acquired, the bone

and muscle of ideas seem unnecessary, when the bony framework of eloquence has been assembled.

It would be strange indeed if social work, and especially child hygiene work did not develop its characteristic jargon. That it has done so, anyone will realize who reads its literature or listens to its speakers. To very many who discuss social topics people as individuals ceased long ago to exist. Once there were not only individuals but families, and even assemblies, and classes, and collections of individuals and divisions and races—but now these are no more. They have perished so far as the consciousness and the vocabulary of many writers on social topics are concerned, and only *groups* remain. A few communities seem still to be in existence and one hears of "*the* individual" but the verb group seems to have completely changed its character and become an all-embracing noun, just as a normal tissue often assumes malignancy in the human body, with destructive results to the entire organism. Any number of people from one to a million, and every kind of people from boot-leggers to boot-lickers, are included under this all-embracing term, *the group*. The amount of real thinking and the amount of accurate expression in speech that this little word has saved many of us, even in the last year or two, could scarcely be computed by even an old-fashioned statistician. When we put on the credit side of our ledger also such words as "reaction" and "adaptation" and "environment" we realize what progress we are making in the conservation of thought. Children no longer respond to anything, they always *react!* they never accommodate themselves to things when *adaptation* is possible; and their living surroundings, be it home, or school, or street, are never so accurately described as when they are termed *environment*. Once on a time our organizations co-operated, now they are *co-ordinated*. Programs in child hygiene are never complete; they are always "well-rounded" and even MOTHER AND CHILD Magazine has never supplied a need in the field of periodical literature since the day when someone with a gift for expression described her as "filling a niche." In just what sort of a structure that particular niche is located and why it is located there, is a question no one seems clear upon.

One of the best circulated works of the last century was written by a man named Webster, who had the largest vocabulary of any American writer of his period. This book, while lacking both coherence and style, might still be found useful for reference by writers and speakers on child hygiene, even though its use should oblige some of us to limit our supposed self-expression.

—JOHN FOOTE.

AFFILIATED SOCIETY REPORTS

[In place of the usual items in this Department—The Days' Work—the following excerpts from the Reports sent in by our Affiliated Societies have been made by Miss Leete and Miss Wedgwood.]

CALIFORNIA

The Baby Hygiene Committee of the San Francisco Bay Branch of the American Association of University Women maintains a Children's Health Center for the instruction of mothers in the feeding and hygiene of infants and children of pre-school age, and a Health Conference for foster babies of the Associated Charities. Visiting physicians and lay workers are given opportunities to study the details of the work of conducting the Health Center.

A regular series of lectures is given in the Health Center and this year a course is to be added on prenatal care, in which demonstrations on proper clothing and nursery equipment will be given. A vital part of the work of the Center is that done in the prophylactic dental clinic.

Arrangements have been made with the San Francisco "Call" to publish a "Mother and Infant Welfare Column" every Saturday.

The California Dairy Council, which sends out convincingly sound statements in readable form, continues to make contributions to the public through their literature, relative to the nutritional value of dairy products as human food.

COLORADO

The Denver Tuberculosis Society has concentrated its efforts very largely this past year on health demonstration work in the schools. Special attention has been given to Nutrition Classes, one of which is conducted for the children attending the Open-Air School, and to the regular weighing and measuring of all school children. The Open-Air School was established by the School Board, the Tuberculosis Society cooperating by furnishing special equipment and directing the extra-curriculum side of the undertaking. This school was in session during five months of the Spring of 1922, and the results obtained have demonstrated its usefulness.

The Tuberculosis Society is also paying the salary of a special Tuberculosis case worker in the office of the City Charities. This piece of work is being done to demonstrate the need for such a worker, with the understanding that the City will assume the obligation after six months.

CONNECTICUT

The Yale Psycho-Clinic outlines its activities under three divisions: 1. The Diagnostic and

Consultation Service. 2. The Field Work. 3. Research. Dr. Arnold Gesell reports that "about 200 children and youths have, during the year, been referred for mental diagnosis and advice as to treatment and social disposition." The service has been used by a varying type of social agencies and the cases referred have been in need of some educational readjustment.

The law requires that all County Home children shall be referred to the clinic before commitment. A special undertaking during the year was that of a mental survey of retarded pupils in the Bridgeport Public Schools, which involved 364 individual examinations.

"Exceptional Children and Public School Policy" written by Doctor Gesell and published this past year presents the findings of a special mental survey of the New Haven Elementary Schools. To quote from Doctor Gesell's report, "The clinic has undertaken a systematic program of research to determine developmental norms in children of preschool age, and to define methods of clinical and social procedure in this field." The program involves the examination of a large number of young subjects at various age levels and follow-up studies for a period of five years. Photographic and other data of these examinations are being collected. Individual studies of exceptional cases are being made, but the research is directed primarily to the determination of standards of development in normal children.

DELAWARE

The work of the *Child Welfare Commission of Delaware* may be divided into two classes, the rural work done in the State outside of Wilmington, and the work in Wilmington. The character of the work is the same whether done in Wilmington or rural Delaware, but the methods employed are different. For instance, in the city regular visits to the center are required of patients and home visits are made to patients at regular intervals. In the rural work, this scheme is not possible; many families live at a considerable distance from the Health Center and can get to it at infrequent intervals, and some not at all. The frequency with which the nurse visits these families is dependent on a number of things, chief of which is the weather and the state of the roads. The status of the rural case, therefore, as to whether it is "active" or "inactive" is quite different from that of the city and is a question which must be left to the judgment of the particular nurse.

The city nurses do no school work, and each center has separate days or hours for different classes, such as prenatal and infancy. All nurses whether rural or urban, must put in at least one-third of their time on prenatal, infancy and pre-school child work, with the emphasis on the pre-school and infancy groups.

At present there are fourteen rural districts with a nurse in each, and five city districts with eight nurses and two lay workers. This is in addition to a nurse in Wilmington who devotes her entire time to prenatal work, and a prenatal nurse at large in rural Delaware.

The State Board of Education cooperates with the Child Welfare Commission in the medical examination of school children. The Dental Unit is a loan from the Delaware School Auxiliary to the Child Welfare Commission. It is a traveling unit with three dental hygienists who, in addition to talks and lectures, make examinations, give treatments, and do cleaning. There is also a dental clinic in Wilmington.

ILLINOIS

The activities of the *Elizabeth McCormick Memorial Fund* have been concentrated on the health of children. One of its original activities—the promotion of open air schools—has been continued. Special studies of the ventilation of school houses in an effort to secure healthful conditions for all children have been carried on. The Fund maintains a national directory of open air schools and furnishes information on methods, equipment and construction, with a view to standardizing open air schools throughout the country. Equipment for such schools may be purchased at cost price through the Fund.

The Fund has been especially interested in under-nourished children, and in this connection has promoted the placing of scales in schools, the weighing and measuring of children, the establishment of milk service in schools, and adequate lunches. As intensive work, it has carried on nutrition classes for undernourished children.

The medical work in connection with the nutrition classes is very important, each child being given a complete physical examination, defects interfering with gain being noted and an effort made to have these corrected. Within the last year the Fund has worked out, through its Medical Trustee, Dr. Isaac A. Abt, a plan to make still more intensive study of cases failing to gain. These are placed, if possible, in Michael Reese Hospital for observation and clinical diagnosis. For cases not entering the hospital, thorough laboratory tests are provided. There is also being carried on through the joint cooperation of the hospital and the Fund a metabolic study of children from the nutrition classes.

As a parallel activity in promoting health among school children, the Fund is cooperating with two school systems of about 6000 each in a plan to develop a program of health education which can later be taken over by the existing forces within the school itself, one important phase being the training of the teachers already in the school in subject-matter, methods and devices.

In each of these places, the carrying out of this plan has been under the direction of a special health teacher.

In connection with the work at these two centers statistics are being gathered as a contribution to scientific research on the health of school children.

Six Institutes for the Training of Nutrition Workers have been conducted by the Fund at its headquarters, two of which were given in cooperation with the Chicago School of Civics and Philanthropy.

Members of the staff have cooperated with communities in health courses conducted at normal schools, agricultural colleges and state universities.

The Fund maintains a Speakers' Bureau and is prepared to lend suitable material for Health exhibits, or to plan and arrange such exhibits.

The Child Welfare Division of the Amity Society of Freeport reports that they have conducted three orthopedic clinics during the past year, in connection with the Civic Center Clinics. Mental examinations under the direction of Doctor Adler, the State criminologist, have been re-established with the clinic work. Little Mothers' Clubs were carried on throughout the school year, and milk is supplied in the schools under the direction of the school nurse, to children who are under-nourished. The Public Welfare Committee of the Medical Society meets with the Nursing Activities Committee of the Amity Society to help formulate policies. This brings about a better understanding between both organizations.

IOWA

The Child Welfare Research Station of Iowa University, states its object to be the investigation of the best scientific methods of conserving and developing the normal child, the dissemination of the information acquired by such investigation, and the training of students for work in such fields.

A new 400-page work, entitled The Physical Growth of Children from Birth to Maturity, by Dr. Bird T. Baldwin, the Director, was published during the year. "How do children grow physically?" This book aims to aid in the answer of this question, and to present data and results of direct value in the formulation of standard norms in physical growth, with a view to establishing a basic science for allied investigations in mental, educational, social and moral development, and clinical studies in nutrition.

Another recent publication of the Child Welfare Research Station, is Selective Migration as a Factor in Child Welfare in the United States, With Special Reference to Iowa. The author of this publication is Dr. Hornell Hart, head of the sociological division of the Station. The Mental Growth Curve of Normal and Superior Children is another publication of the Station. It is one of a series of Studies in Child

Welfare published by Dr. B. T. Baldwin and Dr. Lorle I. Stecher.

A department of eugenics has been organized in connection with the Child Welfare Station, with Dr. P. W. Whiting as Research Associate Professor in charge.

The Des Moines Public Health Nursing Association has now the approval of the press which publishes the following: "Miss Adah Hershey is perhaps the 'greatest mother of 'em all' in our town. Way back eight years ago Miss Hershey, who happened to be our Director of Public Health Nursing, insisted our town owed something to its babies. She got figures and found that our babies were dying off by the dozens because no one knew how to feed them properly. Baby Clinics were established and babies were weighed and measured. Now we have a low death rate for babies."

KENTUCKY

The Louisville Public Health Nursing Association has given special attention this past year to work with the pre-school child. The Infant Welfare clinics already established were the nucleus for extending the work to the preschool child. Children up to five years of age were received at the Infant Welfare clinics and included in the home visiting.

The number of Little Mothers League Classes has been increased with gratifying results as evidenced by the improvement in the homes of these "Little Mothers", and the growing interest on the part of the school authorities.

The Association also cooperated with the National Committee for Mental Hygiene in their Kentucky survey, by giving the services of one of the staff nurses for home visiting work for a period of six months.

Communicable disease home visiting is done by the staff nurses to the extent of two visits, for instructive work in quarantine and prevention, and tuberculosis bedside nursing is done when the cases are referred by the tuberculosis nurses.

LOUISIANA

During the past year the *Maternity Service of the Child Welfare Association* of New Orleans gave complete maternity care to 175 white and 62 colored cases. These women visited the prenatal clinics weekly during pregnancy and returned for post partum examination within three months after delivery. A new feature added to the work this past year is medical care for newly borns in the Maternity Service. Pediatricians visit and examine each infant within 24 hours after birth, returning when needed.

MASSACHUSETTS

"The Massachusetts Department of Public Health, so far as its *Division of Hygiene* is concerned, is an advisory body only. It does not do case work in the different cities and towns. Consequently, its activities are large-

ly educational in character and have for their purpose the encouragement of new work on the part of the different municipalities of the State. Certain outstanding activities of the year may be mentioned briefly as follows:

1. The extension of our work for the promotion of maternal and infant hygiene has been made possible by legislative appropriation. The State of Massachusetts, through its legislature, refused to accept the provisions of the Sheppard-Towner Act but made an additional appropriation for the extension of similar work now being carried on by the Department of Public Health, through its Division of Hygiene. This extension of work is now being organized and includes not only a greatly augmented informational service through the extended use of prenatal and postnatal letters and educational material of all kinds, but also a careful investigation of all maternal and early infant deaths, and the extension of public health nursing work through the establishment of an advisory public health nursing service which has for its aim the stimulation of private and public agencies in the different municipalities, to greater activity. In connection with this it is planned to make a careful survey of the child hygiene activities of the State now actually in operation and to make categorical recommendations for future extension of this work.

2. A survey of dental conditions amongst school children was begun this year by our Health Instructor in Mouth Hygiene. It is planned to examine several thousand children in both the rural and city schools to determine more exactly the extent to which school children of the State are handicapped by dental conditions.

3. Our Health Instructor in Foods has this year extended her survey of the status of the nutrition problem throughout the State.

4. A series of round table conferences were held by the Department of Public Health, for nurses, social workers and others, with a view to giving them the latest word on public health standards and possibilities for future activity.

5. One of the most important steps taken during the year by the Division of Hygiene was the inauguration of a series of conferences for school nurses, school physicians, school superintendents, members of school committees, and others interested in medical examination of school children. These conferences are held under the joint auspices of the State Department of Education and the State Department of Public Health. They have already resulted in a great stimulation of interest on the part of the school nurses and will be made a part of our annual program. In connection with them a play was put on called "The Lion and the Nurse." This play was written especially for the

Department of Public Health and depicts the duties and stresses the importance of the school nurse.

MICHIGAN

The Merrill-Palmer School of Homemaking in Detroit aims to promote and develop the art of homemaking and child care education.

The Nursery School for children between two and five, is a special project for this year, the work in Detroit following the same lines used in the Nursery Schools of England.

The Committee having charge of the Nursery School feels that their plan offers not merely a real opportunity to young children for physical, mental and social development, but also an opportunity to a group of young women for a vital type of laboratory work in child psychology, child health, and nutrition. Training in the sociological problems immediately related to the family, and in field work connected with social agencies devoted to children's problems is also a part of the plan.

For the first year of the Nursery School, the only full time students will be seniors from the Michigan Agricultural College who will be sent in groups of six, for a term of three months. These students will receive full credit in the College for the work done in Detroit. The courses given will be Child Psychology and Child Management, with laboratory work in the Nursery School; Child Nutrition with laboratory work in the children's diet kitchen; a course in Social Work as applied to children, with lectures from children's agencies, and field work in connection with local social agencies; and Household Management developed through living during their three months residence in an apartment furnished by the school.

There is close cooperation with the public and private schools of the city in order that the advice and interest of those responsible for public education may be secured. The Committee in charge of the Nursery School hopes "that within a few years, nursery school laboratories may be established in connection with secondary schools which will offer the opportunity for this type of course in child care for high school girls."

NEW YORK

The most interesting development of the *New York Diet Kitchen Association* work with the pre-school age group during the past season was the addition of a Corrective Exercises or Posture Class in one of the centers, which was made possible through the generous offer of a well-known authority in physio-theraphy to introduce such work in connection with the pre-school examinations at this station. The response to this new departure was unexpectedly prompt and results have been so satisfactory that similar classes will be intro-

duced in all of the stations this fall under the supervision of the same instructor. All cases taught or treated, of course, had been previously examined by the physician in charge. A significant feature of this work was the fact that the mothers long trained in following instructions given at the center and by the nurses visiting in the homes were glad and willing to carry out the lessons of the new teacher and displayed unusual intelligence in following directions.

It may be of interest to record that since June 15th this Association has supplied a doctor and nurse for the baby welfare and pre-school age activities of the Manhattanville Health Society, a cooperative, self-supporting organization recently formed to furnish at a reasonable rate, health protection to persons in moderate circumstances.

The Association was represented on the Committee which formulated the original plans for this Society and when the movement was launched agreed jointly with the Maternity Center Association, to whose initiative this effort was due, and the Visiting Nurse Service of Henry Street Settlement to furnish the necessary service to cover the prenatal, maternity, baby and child welfare and visiting nurse activities which the new Society wished to offer to its members.

The expense of the service furnished by the three organizations is carried by the Manhattanville Health Society.

CANADA

The Child Welfare Association of Montreal give as their slogan the one coined by John Burns, "Give me intelligent motherhood and good prenatal conditions, and I have no doubt of the future of this or any other nation."

They have extended their service of health education into rural communities. In Montreal they have amalgamated with a group of English Health Centers known as the Affiliated Milk Stations. An attempt is being made to organize the Stations as educational centers rather than to overstress the giving out of milk. In three centers prenatal clinics have been established and it is planned to extend all of their preventive services.

The Massachusetts - Halifax Health Commission is a great public health demonstration well financed by special contributions from Massachusetts, the Dominion of Canada, and Nova Scotia. Its object is "To establish and coordinate an ideal preventive medicine program within five years. To save a life a day, making the demonstrations so practical that the city, town and community will continue all measures proven of value in cutting down sick rates and death rates."

In enumerating the visits (33,-294) paid in the interests of public health the following detailed services are noted: Prenatal, 538; Child Welfare, 9334; Nutrition, 1294; Posture, 123; Dental, 2947.

REPORTS OF FOREIGN REPRESENTATIVES

[The following excerpts have been made from reports of the foreign representatives. These reports, together with reports from other foreign countries, will appear in full in the Transactions of the Thirteenth Annual Meeting.]

POLAND

Miss Helen Soltan, delegated by the Polish Legation to represent Poland at the Thirteenth Annual Meeting of the American Child Hygiene Association, pointed out that while the problems created by the war in Poland have still to be met and are of vital importance, there is being laid at the same time a strong foundation for constructive, preventive and educational work. "The basis of our child welfare program," Miss Soltan said, "is found in our Constitution which was concluded in March, 1921, and which provides that every child deprived of parental care, or neglected, has a right to the care and protection of the State; that it is the duty of every citizen to give proper care, training and at least the equivalent of an elementary education to his children; that labor for children under 15 years of age, night work or labor under conditions especially unfavorable for the health of the adolescent workers is prohibited. * * *

"The Ministry of Public Health, which has created a special department for the care of mothers and children, has done splendid work and has shown broad vision and a real understanding of the problem. * * * One of the private agencies co-operating with the government is the 'Orphans' nest,' a peculiarly Polish organization with no exact counterpart in any other country. Founded in 1908, by a private citizen, M. Jezewski, for the care of orphans, it combines the placing out system with the cottage plan. The organization secures a farm on which it places a carefully selected married couple, preferably with children of their own and completes the family with orphans of different ages and sex to the number of 15. The children stay in their foster home until the age of 16, living a normal family life. The income from the farm has to cover the family expenses; the profit being divided among the whole group, half to the foster parents and the remainder among the children according to their age and ability to help. This is banked for the children as their savings account. The progress of the little family is followed very closely by the Society, ready to help in the solution of any problem and to interfere in the case of abuse. Only morally, mentally and physically normal children are admitted. If a child shows any serious undesirable tendency it is removed.

"At the age of 16, the boys and girls choose their future careers and are given a sound vocational training. During this time they are under the direct care of the Society, but always remain in close contact with their homes

where they often return to spend their vacations or to have a rest. The especially bright are given opportunities for higher education and so at present there are four of the pupils following different university courses, one preparing for the priesthood. * * *

"In conclusion, the child welfare program in Poland is not yet complete nor can it yet show great results,—it is too young; but with our legal and administrative background and the high ideal of service so strongly developed among us towards our country, we hope soon to be proud of our achievements."

COLOMBIA, SOUTH AMERICA

Madame Maria Suarez de Coronado reported on the work that is being done for children in Colombia. "The care for children," she said, "has always been looked upon with special attention in Colombia and has been considered one of the essential necessities for the prosperity of the country. In the principal cities day nurseries, milk stations and free clinics have been established by both the Government and private charitable institutions, and the results obtained so far have been very gratifying. The first public health station of the Colombian Red Cross has recently been opened in Bogota. At this station women are instructed in the proper care of their children, who are weighed so that their mothers will know what progress is being made. Patients are vaccinated against smallpox and other infectious diseases, and many other services of great benefit to the public in general are rendered free of charge. Under the name of Cajas Escolares there was founded in Bogota several years ago a charitable institution for the protection of poor children who attend the public schools and whose parents are not able to support them. The institution provides breakfast for all of these children and maintains in every school a restaurant where free meals are given daily. It also supplies the children with necessary clothing and is planning to open summer camps where children can have a vacation in the open air. Another good movement which is receiving careful consideration in Colombia is the establishment of playgrounds for children, and the different municipal assemblies are legislating towards this end. In certain sections of the country, specially in the warm climates, malaria and hookworm disease which cause a great deal of infant mortality prevail among poor children. In order to stop the spread of these diseases the Minister of Agriculture and the Public Health Service secured the co-operation of the Rockefeller Institute.

"I have outlined briefly some of the activities that are taking place in Colombia for the betterment of future generations. The country is thoroughly awakened to the necessity of taking good care of its children, nevertheless much remains to be done."

ORIGINAL TEXTS AND COPIES OF BOOKS ON CHILD HYGIENE

On Exhibition in the Library of the Surgeon General of the Army.

EARLY TEXTS AND BOOKS ON NURSING

Papyrus Ebers (the oldest medical manuscript). Photographic copy.

Code of Hammurabi, 2000 B. C. Photograph of, in The Evolution of Modern Medicine. Sir William Osler. New Haven, Yale University Press, 1921.

Soranus of Ephesus (2d century A. D.) Diseases of Children. Translated by Franciscus Zacharius Ermerius. 1869.

Libellus de egritudinibus infantum. Bagellardo (Paolo). 1472.

Regiment der Jungen Kinder. Metlinger (B.). Augsberg, 1474.

"The boke of children." In "The Regiment of Life," by Phayre, 1543. (First book in English.)

The Children's book of Felix Wurtz. In "An Experimental Treatise of Surgery in Four Parts." By Felix Wurtz, 1656. (First work in orthopedics in English.)

De puerorum morbis, et symptomatistum dignoscendis, tum curandis Liber. Austrius (Sebastianus). Veneto, 1549.

Foroliuien de morbis puerorum item de Venenis et morbis venenosis. Mercurialis (Hieron.) Basileae. 1584.

De Rachitide sive morbo Puerili, etc. Glissonii, Francisci. London, 1650. (First work on rickets.)

De Morbis Acutis Infantum. Harris (Gualtero). London, 1689. (Early treatise by English writer.)

Morbi Infantum Bd. in "Commentaria in Boerhaave Aphorismus." By Van Swieten (G. B.). Venetiis, 1764.

An essay upon nursing and the management of children from their birth to three years of age. Cadogan, Wm. 1750, London.

"Abhandlung von der Einpfropfung der Pocken" bd. in Tissot (S.A.D.) & Rosen von Rosenstein "Abhandlung von der Einfropfung der Blattern." Nils Rosen von Rosenstein. 12mo., Langensalza, 1788, p. 35.

The Art of Nursing, or the Method of Bringing up young children according to the rules of physic for the preservation of health and prolonging life. 2nd Ed., London, 1753.

An essay on the diseases most fatal to infants, etc. Armstrong, Geo. London, 1767. 2d Ed. 1771. (First description of Pyloric Stenosis.)

An account of the diseases incident to children from the birth until the age of puberty, etc. Armstrong (G.). 1783, London.

Essays on the diseases of children with cases and dissections. Cheyne, John. Vol. 1, Edinburgh, 1801.

Disputatio Medica Inauguralis, de Rachitide. Cheyne, Joannes. 1795.

A treatise on the diseases of children with general directions for the management of infants from birth. Under-Wood, Michael. Vol. 1, London, 1789.

An epitome of the diseases incident to children. Heberden (W.). London, 1807.

A maternal physician: A treatise on the nurture and management of infants from the birth until two years old, etc. By an American matron, N. Y., 1811. (First American book on nursing.)

Practical observations on the diseases of children comprehending a description of the complaints and disorders incident to the early stages of life and method of treatment. Logan (G.) Charleston, 1825. (First American text book.

A practical treatise on the diseases of children. Meigs (J.F.). Phila., 1848. (Early text book.)

A practical treatise on the diseases of children. Meigs (J. Forsyth) & Pepper (Wm.). 4th Edition, Phila., 1870.

Recherches et observations sur les maladies les plus dangereuses chez les enfants, etc. Baudin (J.). (These presentée et soutenuee a la Faculte de Medicine at Paris), 1822.

Lectures on the diseases of infancy and childhood. West (C.). London, 1848.

Traité des maladies des enfants nouveau-nés et à la mamelle, etc. Billard (C.M.). 3rd Ed., Paris, 1837.

Infant Diet. Jacobi (A). Revised, enlarged and adapted to popular use by Mary Putman Jacobi, New York, G. P. Putman's Sons, 1874.

Die Pflege und Ernahrung des Kindes. Jacobi (A). Tubingen, 1878.

Pediatrics by Rotch. Thomas Morgan. Phila., 1897. (The percentage method of feeding.)

The Diseases of infancy and childhood. Holt (L.E.). New York, D. Appleton & Co., 1897.

An introduction to the diseases of infancy. Ballantyne, J. W. Edinburgh and London, 1891.

The care and feeding of children. Holt, L. E. 6th Ed., New York & Lond., D. Appleton & Co., 1912.

The baby's first two years. Smith, Richard M. Boston & New York, 1915.

Lehrbuch der Sauglingskrankheiten. Finkelstein (H.). Berl., 1912. (Modern text book, German school.)

Infant Feeding. Grulee (C.G.). Phila. & Lond., W. B. Saunders Co., 1912. (First American book based on modern German school.)

La protection des enfants du premier age. Marfan (A.B.). Le Nourrisson, Revue d hygiene et de pathologie de la Premiere enfance. Sept., 1918. (Modern French text book.)

TEXTS ON MATERNAL CARE

The Byrthe of Mankynde. Raynold, Thomas. London, 1545.

The Contagiousness of Puerperal Fever. Oliver Wendell Holmes. Read before the Boston Society for Medical Improvement, 1843.

Die Aetiologie der Begriff und die Prophylaxis des Kindbettfiebers. Von Ignaz Semmelweis. Leipzig, 1861.

TEXTS ON CHILD WELFARE, HISTORY, EUGENICS, AND ANTHROPOMETRY.

Observations on dropsy in the brain. Whytt (Robert). Edinburgh, 1768.

"Kinderbuchlein" bd. in his Practica der Wundarzney. Wurtz, Felix. Stettin, 1659, p. 675.

The Child in Human Progress. Payne (G.H.). 8mo., G. P. Putman's Sons, N. Y. & London, The Knickerbocker Press, 1916.

Advice to mothers on the subject of their own health, and on the means of promoting the health, strength and beauty of their offspring. Buchan, William. Phila., 1804.

The National Importance of Child Mortality. (Lecture to Congress at Brighton.) Newsholme (A.). Journal of the Sanitary Institute, London, 1910-11, XXXI, 326-348.

Developpement de la taille humaine. Extension remarquable de cette loi. Quetelet (A.). Bull. l'acad. roy. Belgique, Brussels, 1874, XIV, 114-125.

Anthropometrie ou mesure des differentes facultes de l'homme. Quetelet (A.). Bruxelles, C. Muquardt, 8mo., 1874, 479 pp.

On the application to individual school children of the means derived from anthropological measurements by the generalized method. Porter (W.F.). Bull. Inst. Internat. de Statistique, Rome, 1895-96, VII, 279-281.

The effects of environment on child mortality. Newsholme (A.). Maternity and Child Welfare, London, 1917, I, 242-247.

The Principles of Ante-natal and Post Natal Child Physiology, Pure and Applied. Feldman (W.M.).8mo., London, Longmans, Green & Co., 1920.

Spinale Kinder Lalimung, Monographie. v. Heine (Jac). 8mo., Stuttgart, J. G. Cotta, 1850.

Das Kind, in Brauch und Sitte der Völker. Ploss (H.). 8mo., Leipzig, Th. Grieben, 2 Vols., 1911, 1912.

Les Enfants Anomaux. Bente (A) & Simon (Th). 12mo., Paris, Librarie Armand Colin, 1907.

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The Evolution of Pediatric Literature in the United States. Adams (S. S.). Arch. of Ped., N. Y., 1897, XIV, 400-29.

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What babies of the World owe to France. Broadbent (B.) Mother and Child, Balto., 1921. II, 484-487.

Probability, the foundation of euggenics. Galten (F.). 8mo., Oxford, The Clarendon Press, 1907.

The Nurse, from the Italian of Tansillo, translated by Wm. Roscoe, 1800.

Paedotrophia, or The Art of Nursing and Rearing Children. A poem by Scevole de St. Marthe, translated by H. W. Tyler, M.D., London, 1797.

Infant Feeding. (A poem.) By an anonymous member.

RECENT LITERATURE ON MOTHER AND CHILD WELFARE

NEW BOOKS

Here are listed some of the books generously sent by the publishers for display in the Association Headquarters during the Annual Meeting.

Baby's First Two Years, The. Richard M. Smith, M.D., Assistant in Pediatrics, Harvard Medical School, and Mrs. Henry Copley Greene. Boston: Houghton Mifflin Co., tenth printing. 156 pp. Price, $1.25.

A complete and authoritative handbook on the care and feeding of children from the months preceding birth to the beginning of the third year.

Baby's Food, The. (Containing over 200 recipes for the preparation of food for infants and children.) Isaac A. Abt., M.D., Professor of Diseases of Children in the Northwestern University Medical School. Philadelphia: W. B. Saunders Co., 1920. 143 pp. Price, $1.25.

Care of the Baby, The. A Manual for Mothers and Nurses. J. P. Crozer Griffith, M. D., Professor of Pediatrics in the University of Pennsylvania. Philadelphia: W. B. Saunders Co., 1921, sixth edition, revised. 463 pp. Price, $2.50.

Care of Children, The. John Lovett Morse, M.D. Cambridge: Harvard University Press, 1914. 53 pp. Price, $1.00.

Care of the Expectant Mother. W. Lewis Howe, M.D. Philadelphia: F. A. Davis Co., 1921. 63 pp. Price, $.50.

Care and Feeding of Children. L. Emmett Holt, M.D. New York; D. Appleton and Co., 1922, tenthe edition, revised and enlarged. 239 pp. Price, $1,25.

Care and Feeding of Infants and Children. Walter Reeve Ramsey, M.D., Associate Professor of Diseases of Children, University of Minnesota. Phila: J. B. Lippincott Co., second edition, revised. 290 pp., 123 illustrations. Price, $2.50.

Child Training: A System of Education for the Child under School Age. V. M. Hillyer, Head Master of Calvert School. New York: The Century Co., seventh edition. 287 pp. Price, $2.00.

This book sets forth a system of training for a child under school age and lays out a course of lessons and drills that can be given a class or an individual by either the trained or the untrained parent or teacher.

Child versus Parent. Stephen S. Wise, Rabbi of the Free Synagogue. New York: Macmillan Co., 1922. 139 pp. Price, $1.25.

Child Welfare from the Social Point of View. Nora Milnes, B. Sc., Director of the Edinburgh School of Social Study. New York: E. P. Dutton and Co., 1921. 243 pp. Price, $2.25.

Contains chapters on the Development of the Infant Welfare Movement; the Study of the Economic Position of the Father; the Influence of the Economic Position of the Mothers; the Child of School Age; and Housing.

Child's Day, The. Woods Hutchinson, M.D. Boston; Houghton Mifflin Co. 182 pp. Price, $.75.

Community Health Problem, The. Athel Campbell Burnham, M.D., Attending Surgeon, Volunteer Hospital, New York City. New York: Macmillan Co., 1920. 149 pp. Price.

This books offers in condensed form an outline of some of the most important movements for the improvement of national health and practical methods for obtaining it. The author has had broad experience in the field and presents his subject simply for the public health official, the public health student, the nurse and the layman.

Every Day Health Series: Book I, Building Health Habits. 280 pp. Price, $.80. Book II, Keeping the Body in Health. 311 pp. Price, $.88. M. V. O'Shea, Professor of Education, University of Wisconsin and J. H. Kellogg, Superintendent of the Battle Creek Sanitarium. New York: Macmillan Co., 1922.

Every Day Problems in Child Training. M. V. O'Shea, Professor of Education, University of Wisconsin. Chicago: Frederick J. Drake and Co., 1920. 252 pp. Price, $1.50.

Everyman's Child. Sophie Irene

Loeb, National Union of Public Child Welfare Officers. New York: The Century Co., 1920. 286 pp. Price, $2.00.

This book represents the most progressive thought on the problem of dependent children who must become assets, instead of liabilities, in every community if American ideals and institutions are to be preserved.

Food, Health and Growth: A Discussion of the Nutrition of Children. L. Emmett Holt, M.D. New York: Macmillan Co., 1922. 268 pp. Price, $1.50.

Takes up the entire subject of vitamins and shows how a knowledge of this subject has given a new basis for valuing foods and why certain foods previously not considered of great value have an important function in nutrition.

Girl and Woman. Caroline Wormeley Latimer, M.D., Formerly Instructor in Biology, Woman's College of Baltimore. New York: D. Appleton and Co., 1920. 331 pp. Price, $2.25.

Handbook of Health, A. Woods Hutchinson, M.D. Boston: Houghton Mifflin Co. 337 pp. Price, $1.12.

Health Series of Physiology and Hygiene: The Body in Health. 323 pp.; Health and Cleanliness. 301 pp.; Health Habits. 216 pp.; Making the Most of Life. 293 pp. M. V. O'Shea, Professor of Education, University of Wisconsin, and J. H. Kellogg, Superintendent of the Battle Creek Sanitarium. New York: Macmillan Co., 1921.

Healthy Baby, The. Roger H. Dennett, M.D., Professor of Diseases of Children and Director of the Department in the New York Post-Graduate Medical School. New York: Macmillan Co., 1922, second edition, revised. 247 pp. Price, $1.25.

This book "makes clear to the mother just how to do best the ordinary everyday things that every mother has to do for her child."

Healthy Babies. S. Josephine Baker, M.D., Director, Bureau of Child Hygiene, Department of Health, New York City. Minneapolis: Federal Publishing Co., 1920. 209 pp. Price, $1.50.

Healthy Children. S. Josephine Baker, M.D. Minneapolis: Federal Publishing Co., 1920. 230 pp. Price, $1.50.

Healthy Mothers. S. Josephine Baker, M.D. Minneapolis: Federal Publishing Co., 1920. 187 pp. Price, $1.50.

Heredity and Child Culture. Henry Dwight Chapin, M.D., Emeritus Professor of Medicine, Diseases of Children, New York Post-Graduate Medical School and Hospital. New York: E. P. Dutton and Co., 1922. 208 pp. Price, $2.50.

Hygiene and Health. A Text Book for Young Children. Charles P. Emerson, Dean and Professor of Medicine, Indiana University School of Medicine, and George Herbert Betts. Indianapolis: Bobbs-Merrill Co., 1922. 206 pp. Price, $.86.

How to Live: Rules for Healthful Living Based on Modern Science. Authorized and Prepared in Collaboration with the Hygiene Reference Board of the Life Extension Institute, Inc., by Irving Fisher, Professor of Political Economy, Yale University and Eugene Lyman Fisk, M.D., Medical Director of the Institute. New York: Funk and Wagnalls Co., sixteenth edition, revised. 446 pp. Price, $1.50.

Infant Health: A Manual for District Visitors, Nurses and Mothers. J. S. C. MacMillan, Lecturer (first class diploma) sick nursing and popular health, Edinburgh. London: Oxford University Press, 1915. 128 pp. Price, $.65.

Manual for Health Visitors and Infant Welfare Workers. Edited by Mrs. Enid Eve, late Minister of Health, formerly Chief Health Visitor and Sanitary Inspector to the Metropolitan Borough of Holborn. New York: William Wood and Co., 1921. 194 pp. Price, $3.00.

Misunderstood Children. Elizabeth Harrison, President Emeritus of the National Kindergarten and Training College. New York: Macmillan Co., fifth edition. 168 pp. Price, $1.25.

Nursery School, The. Margaret MacMillan, with foreword by Professor Patty Smith Hill, Director of Lower Primary Education, Teachers College, Columbia University. New York: E. P. Dutton and Co., 1921. 353 pp. Price, $2.50.

Professor Hill says: "Here is an epoch-making book which all who have to do with the welfare of children cannot afford to overlook. It is truly an inspiring and absorbing account of an experiment in child saving which

'warms the cockles of the heart' with its evidences of intelligent insight and sympathy in dealing with toddlers and young children in the slums of London."

Nursing in Diseases of Children. Carl G. Leo-Wolf, M.D., Instructor in Pediatrics, University of Buffalo, Medical Department. St. Louis: C. V. Mosby Co., 1920. 305 pp. 72 illustrations. Price, $2.75.

Personal Hygiene Applied. Jesse Feiring Williams, M.D., Associate Professor of Physical Education, Teachers College, Columbia University. Philadelphia: W. B. Saunders Co., 1922. Illustrated. 412 pp. Price, $2.50.

Suitable for courses in high schools, colleges, and nurses' training schools.

Physiology and Hygiene. A Text Book for Young Children. Charles P. Emerson, Dean and Professor of Medicine, Indiana University School of Medicine, and Herbert Betts. Indianapolis: Bobbs-Merrill Co., 1922. 355 pp. Price, $1.02.

Prospective Mother, The. J. Morris Slemons, M.D., Associate Professor of Obstetrics in John Hopkins University. New York: D. Appleton and Co., 1922, second edition. 325 pp. Price, $2.00.

Psychology of Adolescence, The. Frederick Tracy, Ph.D., Professor of Ethics, University College, University of Toronto. New York: Macmillan Co., 1922. 235 pp. Price $1.50.

Psychology of Childhood, The. Naomi Norsworthy, Ph.D., formerly Associate Professor of Educational Psychology, Teachers College, Columbia University, and Mary Theodora Whitley, Ph.D., Assistant Professor of Education, Teachers College, Columbia University. New York: Macmillan Co., 1922. 368 pp. Price, $1.80.

The book was written with a view to its use in Normal Schools, intended for a text book and not for reference reading. Constant emphasis has been thrown on the physiological basis of the tendencies discussed.

Short Talks with Young Mothers on the Management of Infants and Young Children. Charles Gilmore Kerley, M.D., Professor of Diseases of Children, New York Polyclinic Medical School and Hospital. New York: G. P. Putman's Sons, seventh edition, revised. Illustrated. 318 pp. Price, $1.50.

Ten Talks to Girls on Health. Augusta Rucker, M.D., Director, Division of Health. Bureau of Social Education, National Board, Y.W.C.A. New York: The Woman's Press, 1921. 97 pp. Price, $1.00.

Training of the Human Plant, The. Luther Burbank. New York: The Century Co., 1919. 99 pp. Price, $1.00.

Unseen Side of Child Life, The. Elizabeth Harrison, President Emeritus of National Kindergarten and Training College. New York: Macmillan Co., 1922. 179 pp. Price, $1.25.

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Entrando en la casa, hallaron al niño con María su madre y postrándose le adoraron y le ofrecieron dones

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MOTHER AND CHILD

A Magazine Concerned With Their Health

VOLUME III DECEMBER, 1922 NUMBER 12

THE ASSOCIATED MEDICAL CLINIC

HORACE H. JENKS, M.D., PHILADELPHIA

BY COMPLETE cooperation in regard to their medical work, several of Philadelphia's best known charitable societies are carrying out what was a couple of years ago an experiment in medical and social work. The experimental stage has long since passed and the organization now known as the Associated Medical Clinic is on a firm foundation.

The purpose of this clinic is to see that every child who is brought into the care of one of the supporting agencies has the benefit of a complete physical examination. The result of the examination is at once sent by messenger or telephoned to the society referring the child, and a typewritten copy follows later.

The clinic examines children for several societies, chief among which are the Children's Aid Society, the Children's Bureau, the Society to Protect Children from Cruelty, and the children and a few adults referred by the Society for Organizing Charity.

In December, 1921, this clinic became a part of the Department of the Prevention of Disease of the Children's Hospital of Philadelphia. It is now located at 1717 Fitzwater Street, as part of the hospital property. This change has been of great benefit to the clinic, in many ways which are self-evident.

Approximately one thousand new children are examined yearly, with a total of five thousand visits. Each child is given a complete examination, including the careful testing of eyes and ears, examination of the skin, teeth, throat, chest, abdomen, genitals, feet, and posture. Careful note of weight and height is made. Note is made of any abnormalities, and every effort is made by the referring society to see that defects are corrected. The clinic maintains its own dental service, under the charge of a very competent dentist. Unlimited laboratory service is provided by one of the foremost pathologists of the city and his technical assistants. Wasserman tests are made whenever there is (a) a suggestive family history,

AMUSEMENTS ARE PROVIDED FOR THE WAITING CHILDREN

(b) a mental or moral problem, such as delinquency in any of its forms, (c) where there has been a moral lapse in either parent, (d) where mental examinations are to be made by the Department of Child Study under Dr. Taft, (e) in foundlings, and of course, (f) whenever there are any suspicious signs of syphilis, either congenital or acquired.

Children who are 10 per cent or more underweight (using as a standard for routine Emerson's tables) are to revisit the clinic in from two weeks to a month; those from 7 per cent to 10 per cent underweight return in not over three months. The Children's Aid Society makes every effort to have its children living sufficiently near the city examined at least once a year, and if possible twice a year. Every new child for the Children's Aid Society and the Children's Bureau is Schick tested and if necessary immunized with toxin-antitoxin. Children with syphilis are treated at the Salvarsan Clinic of the Children's Hospital, thereby avoiding the unfortunate contacts of an adult clinic. Children with eye defects are sent with a caretaker to the office of the clinic's ophthalmologist. Every facility has been extended by the Children's Hospital for children too sick to be treated in foster homes. Almost without exception they have been at once admitted to the wards.

The clinic also maintains careful supervision of the children in foster homes, these being visited by the trained nurses who report, for the babies, at weekly "Baby Conferences." These meetings are attended by the physician and assistant physician, the head social worker of the societies represented, and the nurses. Weight charts are submitted for each baby, with a report of the baby's general condition, stools, appetite, sleep, the home surroundings and so forth.

Children showing any evidence of mental defect, or retardation in school, conduct problems and so forth are referred to Doctor Taft for mental examination.

An interesting study is now being made for the Society for Organizing Charity. This society is sending gradually one hundred families—families which for some reason are not doing well, and are tending to drop downwards. At their request a complete medical survey is made of this family, the whole family being brought (not necessarily at one time) to the clinic. The mother and the older girls are examined by the assistant physician, who is a woman

well trained in gynecology. The father and the older boys are examined by the clinic's physician. Even the babies are brought for the complete examination. A report is then furnished to the society, including blood and urine studies. Many interesting results have been secured.

An effort is made to make every child who visits the clinic feel that we who see him there are not only doing what he probably imagines a perfunctory duty, but that we are really interested in him and in his problems and that he is always welcome to come and talk things over and even to just "get weighed."

From a pamphlet published by the League of Red Cross Societies.

THE FIRST BABY WEEK CAMPAIGN HELD IN MOST, CZECHO-SLOVAKIA

F. O. REINHARD, M.D., Field Medical Inspector,
American Red Cross Commission for Child Welfare in Czecho-Slovakia

THE first baby health week ever held in the town of Most, Czecho-Slovakia, took place on March 1 to 7, 1922.

A description of the special problems encountered in projecting a health exhibit in a foreign country, of the materials available for such purposes, and of the objectives, should be of some interest.

Most, perhaps better known by its former name of Brüx, is a small mining town of twenty-eight thousand inhabitants, situated in the midst of the largest coal fields of northern Bohemia. All the characteristics of a mining center are present—dirty streets, drab houses, a

Courtesy of the American Red Cross.

THIS IS THE WAY CZECH MOTHERS CARRY BABIES

perpetual smoky atmosphere, and a population made up of only two classes, the workers and the mine owners.

The miners, one-third of the inhabitants, are largely Czechs. They form a more or less floating class, increasing in numbers when the mines are worked to capacity, and dwindling down as production is restricted. Unfortunately the output of the mines has been adversely influenced during the past year by the rise in the value of the Czech crown whi,ch almost precludes export to other nations.

The predominating part of the inhabitants of Most, at least in numbers, consists of Germans, who, in former years ruled the country. It will be seen from the description of existing conditions, that the stage was properly set for the race problem which seems to be almost universal in Middle Europe. Because of this situation of affairs, it was found to be necessary for the American Red Cross Commission to employ both a Czech and a German physician to examine children of the different nationalities on alternate days.

Besides the work established by the Americans at the consulation stations, two other organizations were actively engaged in preventive child hygiene—the Ochrana Matek, a Czech organization which takes care of babies up to the age of two years, and a Staditische Mutterberatungstelle, a German organization of similar character.

When the idea of holding a baby week for the purpose of stimulat-

ing general interest in problems of child health was first broached, it was received with enthusiasm both by the committees of the above mentioned organizations, and by the Mayor of the Town. Indeed, the Town Council offered to contribute twelve hundred crowns to be used for prizes in case a baby contest would be incorporated. This latter development, although in a sense gratifying, was rather unexpected. While an examination of babies had been contemplated as a part of

THE CONSULTATION ROOMS USED DURING THE BABY WEEK

the health week program, there was some doubt as to the advisability of conferring prizes on the best developed children. In principle this is not deemed a good practice, as it attracts only those physically fit, and leaves out of consideration those children mostly in need of examination and advice. It was, however, decided that owing to the local conditions, more publicity could be obtained and greater interest would probably be stirred up among the population, by accepting the plans as proposed.

The first steps in procuring materials for the exhibit were taken when the aid of the local high schools was solicited, in order to have

available health posters translated into both languages. It was also asked that if possible, original posters be contributed by the art classes. The posters used as a nucleus about which to build up the exhibit had been obtained from the American Child Hygiene Association, the Chicago Tuberculosis Institute, and the Federal Children's Bureau. Furthermore, Czech placards of the Masaryk League for the Prevention of Tuberculosis, of the Czech Junior Red Cross, and of the Deutche Landescommission were used.

Two large, well lighted rooms belonging to the dispensary were available. These were divided into sections by using improvised screens made of old coat racks covered with linen sheets. The racks had been loaned by the city, and could be transformed into screens at practically no expense, as there were sheets available in the dispensary. After posters had been placed on the walls and partition screens, table exhibits were prepared. The most striking of these showed the equipment needed for the proper care of the child. Such articles as milk sterilizers, approved nursing bottles and nipples, and samples of satisfactory articles of clothing, were included. Much of this material was loaned for the occasion by the most prominent drug firm of the town. Other exhibits demonstrated the value of dental hygiene and the effect of good and bad food on the growing infant. A small model of a village was used to show the methods of spreading infectious diseases by flies and by filth. An instructive exhibit was made by dividing a small stand into two parts with a piece of tape. On the one side were placed the articles good for the baby, on the other "baby killers." The latter included pacifiers, soothing syrups, tea, coffee, and beer (a beverage not unknown as a baby food in these countries). A doll wrapped tightly in the local fashion was also shown, and attention was directed to the bad effects likely to result from restricting the free movements of babies.

An effort was made to procure data as to the number of deaths from various diseases. Also it was attempted to gather statistics which would show the relation of deaths to the different parts of the city. Unfortunately this attempt had to be given up as impracticable, because of the chaotic condition of the department files as a result of the recent war.

The actual opening of the baby week campaign was preceded by a week devoted to publicity. Articles relating to the exhibit appeared in the newspapers of both nationalities each day, and health films, loaned by the Czech Junior Red Cross, were shown nightly in the local movies. Besides this, posters announcing the exhibit were distributed throughout the city, and volunteers from the Boy Scout Organization carried placards through the main streets of the town.

On the morning of the first day, addresses were made by representatives from the Red Cross Headquarters and by leading members of

the Czech and German elements of the population. This formal opening was followed by the examination of babies. The afternoons were devoted to lectures and demonstrations. Such subjects as prenatal care, the cause and prevention of tuberculosis and rickets, the treatment of scabies, and the removal of pediculosis, were considered. Also practical demonstrations were given in order to show the best way to wash and clothe the baby, how to make simple milk mixtures. A series of health fairy tales told to groups of children by a trained kindergartner proved to be very popular, and appeared to be a valuable method of impressing health facts. Altogether thirty lectures and demonstrations were given covering the various phases of child health, and emphasizing the importance of special care during the first year of infancy.

At the close of the first baby health demonstration in Most, it was ascertained that four thousand people had visited the station. Five hundred babies were examined and the mothers advised as to the condition and care of their children. Furthermore, a wide publicity was achieved, and the importance of child health brought before the community.

The actual expenses incurred in preparing the exhibit did not exceed five hundred crowns, or ten dollars in American money. When we consider the number of people reached at this small cost we are perhaps justified in our belief that a real service in stimulating the interests of child health was contributed by the nurse and social worker with whom the idea originated, and who gave both their time and energy toward making the exhibit a success.

A follow-up week in the near future is being contemplated. This will be conducted by a mobile unit of the Czech Red Cross Association, which will endeavor through lectures, the distribution of literature and the showing of health films to definitely fix the teachings of the health week in the minds of the population.

From Czech Junior Red Cross Bulletin.

CHILD HYGIENE IN RELATION TO THE PRIVATE PHYSICIAN*

BORDEN S. VEEDER, M.D., ST. LOUIS

I DO not believe that any one—physician or layman—is opposed to the basic aims of the child hygiene movement; that is, the lowering of the mortality rate for infants and children and the prevention of sickness. In its origin the movement was largely medical, that is the study and prevention of specific diseases, as for example, the intestinal diseases of infancy; in its development the scope of the movement has been much broader and is largely concerned with the rearing and development of a healthy race of infants and children. I do not feel that it is necessary before this audience to quote figures to prove that these objects and aims are being attained.

The methods so far employed may be grouped under three headings. First, the use of specific means, as for example, the crusade for pure milk or the use of toxin-antitoxin in diphtheria. Second, educational methods. Under this heading are included such diverse items as propaganda through the press, the holding of health exhibits, the teaching of health habits to groups of children in the schools, and the visitation in the home by health workers. Third, the direct supervision of the infant and child by the physician through clinics, or—a better term—welfare conferences. It is extremely difficult to estimate the relative value of the methods employed as they are so largely interrelated. It is much more important to raise the question as to whether the methods in use are the best or the ones capable of producing the greatest possible results. It is along this line that I wish to discuss the subject that was assigned to me by the Chairman of the Program Committee, although it may not be at all what the chairman had in mind when the subject of Child Hygiene and the Private Physician was selected. Because of the time limitation I am restricting my discussion to the third general method, that is, the infant or child welfare conference.

To my way of thinking there are certain inherent basic defects in the welfare conference where the infant or child is brought from time to time for examination by the physician and for advice and the physician's work supplemented by the home visitation of the nurse or social worker. First, the welfare clinic must limit itself to the well

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*Read before the Thirteenth Annual Meeting of the American Child Hygiene Association, Washington, D. C., October 12-14, 1922.

child, and this is the rule of the well run conference. Experience has shown that where the well child and the sick child mingle in the same clinic the greater part of the work and attention must be given to the sick child, and as the essential purpose of the welfare clinic is prevention rather than correction or therapeutic, the presence of the sick child defeats the very purpose of the conference. Furthermore, the mingling of sick children with well children is absolutely contraindicated from the medical standpoint. Thus we are confronted at once by an illogical situation. The conference physician is working to prevent the development of diseases or conditions of which he has no personal or intimate knowledge. In many ways he is groping in the dark. Every physician knows the interdependence of health and sickness. He cannot advise accurately regarding the prevention of disease or disease tendencies in the individual case without knowing the reaction of the individual when sick. The observation of the child when sick is in many instances the most important factor in determining what to do when the infant or child is well. All this is lost in a large extent to the conference physician.

A second thought in the method is the failure of the physician to see the child in its normal every day surroundings. There is an intimate relationship between the physical condition of the child and its environment. To attempt, for example, to do nutritional work without a personal knowledge of the child's home, his parents and his life is not very satisfactory. The attempt to replace this personal touch with home visits by the nurse or social worker and to obtain a comprehensive picture from their written or personal reports is at best a most unsatisfactory and incomplete substitute.

Another element of weakness lies in the constant change in the clinic personnel. Not only does the child pass from one conference to another as he advances in age, as from the infant to the pre-school period, but those of us who have had any experience with the executive end realize the constant change taking place in the staff. No matter how complete the written record, the personal knowledge of the infant or child must be picked up anew by each physician. Even more frequent are the changes in the nursing staff. This lack of continuity of supervision as the infant develops into the child becomes more marked the more intensive the work of the health center becomes and is a difficulty that I am finding of increasing perplexity in our work.

Lastly, the conference method has a decided limitation in the number of children reached. Only a small proportion are enrolled in a given district or community. Our welfare clinics have been free as a rule and are usually classed among the "charities." Some clinics have fixed rules limiting the attendance to those children unable to pay for a physician's services, and yet those of us who have worked both in the free conference and in private work realize that there

is just as much need of health work among the children of the middle and well-to-do classes of society.

To my mind the best results can be obtained only if there is direct and constant supervision of the child through infancy and childhood by the same physician; by the physician who sees the child in sickness as well as in health, and who has an intimate and personal knowledge of its parents, its home life and the daily environment, its play, school and companions. Without a full knowledge of all of these factors the value of direct supervision is limited and handicapped. Furthermore, this supervision must reach the children of all classes and not be limited to the economically dependent. If my objections and conclusions are valid, there is but one logical deduction, and that is that the person in the ideal position to supervise the health and welfare of the infant and child is the private physician—the man in general practice.

If this is true the question naturally arises, why then is this work not done by the private physicians? Why the necessity for the welfare clinic or conference? The answer is simple—unfortunately the vast majority of physicians in private practice are not qualified to supervise the development of the infant and child. Few recognize the importance, fewer still are interested, and most important, even fewer have been trained to apply in general practice the methods which have met with success in infant and child hygiene work.

Private Physicians Must Study the Well Child

The last thing I have in mind in making this statement is an unpleasant or undeserved criticism of the practitioner of medicine. It is a simple statement of fact that is apparent to those who have been interested in Child Hygiene work. One of the most frequent statements made to me by parents is to the effect that, "Dr. ——, our physician—he is fine when the children are sick but he has no interest in the children at other times and I cannot get anything out of him about diet and exercise." The mothers of today have been educated to ask for these things and the private physician has not been educated to give them. Twenty-five per cent of the infants coming to the welfare clinics in St. Louis on a condensed milk food have been taken from the breast and put on condensed milk by physicians in private practice.

I think the fault or blame lies in the training and education of the private physician. In the past, and the same holds to a large extent at present, our medical students have been trained to think in terms of disease rather than health. Our teaching has been almost entirely in hospitals or dispensaries and the teaching has been almost exclusively the recognition and treatment of pathological conditions. Such teaching as the student has received in hygiene or health has been of an abstract nature and not as concretely applied to the individual.

The lack of knowledge on the part of the private physician in regard to the hygiene and development of the infant and child is the fault of the physician's training—not of the physician. There must be a distinct change in the character of our pediatric teaching and this change is already taking place in our better medical schools. Instead of spending hours over the classification and pathologic physiology of the nutritional diseases of infancy the point that must be emphasized and driven home is the care and feeding of the normal infant—the prevention of diseases must be stressed equally with the pathogenesis, diagnosis, and treatment. When this is done we will have a group of men in our community capable of and interested in giving ideal supervision to the infant and child.

Relatively speaking the method of the welfare conference is a very recent innovation. Its permanency is a thing that only time alone can answer. As I have tried to point out it seems to me to have very definite defects and the ideal supervision will be reached in another way. But the welfare conference has given results and until the time comes when, as a result of his medical school training, the private physician can do the same type of work which the conference is trying to do, the conference has a definite basis for existence. When this time does arrive, like many other temporary expedients, the clinic or conference will be largely discontinued or the scope and character of its work will undergo decided modification. As an organization the Child Hygiene Association should direct a large part of its efforts not only to the education of the laity but to the education of the private physician and the medical student in child hygiene work.

THE HEALTH UNIT IN BROWN COUNTY

C. E. McCAULEY, M.D., Aberdeen, South Dakota

BROWN COUNTY has the distinction of being the only one of South Dakota's sixty-four counties that maintains a full-time Health Officer and Health Center. By full-time Health Officer, I mean a physician who does not practice medicine, but devotes his entire time to the supervision of contagion, better sanitation, and the promotion of community health.

Brown County is 36 miles wide and 46 miles long, with a population of a little more than 30,000, one-half of whom live in Aberdeen, the county seat, near the center of the county. Under the existing South Dakota laws a Health Officer is appointed for each county. He is paid a small fee for each infectious disease that he investigates; to this fee is added a very small mileage which is inadequate to pay livery fees. One can readily see that the people

living near the Health Officer might get adequate attention while those living farther away might not receive any. From such inefficient health control there was inevitable complaint, as no competent physician could be secured to act as Health Officer and in 1912, through the efforts of some of the Aberdeen physicians the School Board was prevailed upon to hire a whole-time school nurse. The effect was so immediately satisfactory that there at once arose a desire to extend the benefits to all the population and not confine it to the school children. As everyone knows, health work moves slowly, but in 1916 the Aberdeen City Commissioners appropriated $6,000 for a City Health Department, and a whole-time Health Officer was hired to take charge of the health of the City of Aberdeen. The department, of course, had its ups and downs, but on the whole was very successful. When the "flu" struck us in 1918 and the whole public was aroused to the necessity of adequate health work, the Red Cross and the Aberdeen Health Department worked together as it was found that the county districts were badly in need of health supervision similar to that which Aberdeen had enjoyed for the previous two years.

There had been some work done by a Red Cross nurse financed by the Red Cross seal fund, and the rural residents of the county had begun to realize the value of the nurse's work.

In the summer of 1920 the Red Cross Chapter made a proposition that a County Health Center be established and suggested that each organization, the city, the county and the Red Cross select a lay representative to act upon a Public Health Committee. The Red Cross offered to contribute a fund of $4,000 yearly toward maintaining such a Health Center, if the city and county would provide a budget of $6,000 each. The plan was accepted as the most feasible organization under which the expense of three separate departments could be organized into one effective Health Center, to be headed by one officer who would be in charge of the welfare of both the city and county.

With the perfection of the committee organization, it was found that provisions of the South Dakota laws would only permit the maintenance of nurses by the county, the city laws would only permit the expense of a Health Office and the salary of a Health Officer. To avoid these technicalities, the county pays all nurses' salaries from its budget of $6,000, the city furnishes office rooms for the Health Office and secretary. The Red Cross, not being bound by any laws, provides for incidental expenses of maintaining the Health Center from its fund.

The first act of the committee was to take over the Red Cross nurse, who had had several years' experience in Red Cross and public health work and was first introduced to Brown County

school children through their own efforts to obtain a Red Cross nurse by the sale of tuberculosis seals.

Then a city nurse was employed by the committee.

A recent graduate of a local hospital was employed as assistant to the Red Cross nurse to help her in rural schools and homes; in this way we were securing both an assistant and at the same time training a young woman to public health work.

A matron was also hired to give her full time to the Detention Hospital so there would always be someone ready to take care of any contagious disease which might be sent to the hospital.

Dr. J. H. Swafford was employed as full-time Health Officer for the Brown County Health Center and took over the work January 1, 1921.

We also hired a secretary to be in charge of the office records, correspondence, and to supervise the publicity.

When the department began its work they found what might be called a mild epidemic of contagious diseases. Most prominent among the several illnesses were diphtheria and small pox. The health force devoted its entire time to curbing the spread of diseases and investigating every suspicious report of illness, and with a strict enforcement of quarantine of all known cases and vaccination of every contact we were able in two months' time to eliminate diphtheria and to decrease the number of small pox cases.

To assist us in controlling contagion in the city schools, arrangements were made with the nurse of the Aberdeen Public Schools and the nurse of the Northern Normal School, that all absences of students from any illness whatever would be reported to our officer for investigation. This has been remarkably effective in curbing epidemics among school children, one of the greatest hazards encountered in public health work. Similar arrangements were made with the teachers of county schools, whereby we furnish them with form postcards to report any absence in their school immediately, these cards are referred to the county nurse and she immediately investigates. While making calls on all reported cases of illness, the county nurse is invaluable to the country people in that she can give expert advice on the care of the sick and home demonstration of nursing. Serious cases of illness are referred to the family physician by her, and should there be doubt in diagnosis the Health Officer is called in consultation.

When examining school children, any child found with defective vision, decayed teeth, enlarged tonsils, or anything that inhibits mental or physical growth, receives a notice of this condition to take home to his parents, recommending that the child be taken to a physician. When it is necessary to send more than one notice the

nurse calls on the parents and tries to impress them with the seriousness of the condition and how it will retard the youngster's growth if neglected. In most cases, however, one notice only is necessary to get results.

Our Infant and Pre-school Welfare Department is another prominent feature of our work. This department is in charge of the city nurse and although only a few months have elapsed since it was organized, results have been noted already. The Infant Welfare Work goes on throughout the week. Early Monday morning every physician in the city is called for the report of births in the past week. Mothers of these infants are visited by the nurse and invited to bring the baby to the Clinic and Baby Department at the Municipal Building on the afternoon of Tuesday or Friday to be recorded, weighed and measured.

A Baby Clinic is held semi-monthly, when a physician of the city is present to examine all infants and children of pre-school age. Mothers are advised at these clinics of corrective measures that may be taken to improve the health of their children. Slight defects that the mother does not notice are often found by the examining physician, and to correct these in early childhood gives an equal chance to live.

Our State Laboratory is so far away it takes too long to get reports from diphtheria cultures, etc., so for that reason we do minor laboratory work, such as cultures and smears at the office. We also furnish antitoxin through the State Department, and vaccinate free of charge for small pox. Previous Health Officers had so much of their time taken up with enforcing the milk ordinances that the City Commission deemed it wise to appoint a City Dairy Inspector, though the direct supervision of the milk is under the Health Officer.

In our City of Aberdeen, the Federal Government and State maintain a Venereal Clinic financed by the State Board of Health. The Health Officer merely refers venereal cases to this clinic.

I have attempted to give you a brief outline of the development of our Health Center which so far as I am aware is the only one in the country which is handled in this manner and so far is working very successfully.

In concluding I might say that it has been demonstrated that the group unit of a whole county or groups of counties is far more successful than the town unit; while it may be possible that cities of 50,000 and up, can, to a certain extent, ignore the rural districts, it is impossible in the smaller cities and especially in the agricultural districts to do successful health work without embracing in your health unit all the territory that has direct personal relation with the city.

WHAT NEEDS TO BE DONE FOR THE PRE-SCHOOL CHILD*

RICHARD M. SMITH, M.D., BOSTON

THE child of pre-school age no longer can be said to be neglected. It can more properly be said at the present time that interest in the pre-school child is greater than our knowledge of what ought to be done. Infant welfare work has been going on for a sufficiently long time so that the best methods of care for the well baby have been established and the community resources organized to meet the needs. The same is true to a somewhat lesser degree with school hygiene. Work with the child between infancy and school age has been considered only recently and thus far no complete program has been provided and proved satisfactory by results. As physicians we know what is necessary to do for the child of pre-school age, but we do not know the best way to do it, and the community machinery has been developed only partially and in a few places. It has not yet become the custom to continue the well child under medical supervision, though this is recognized as necessary for the infant. No work with the pre-school child is possible until he is brought regularly to the physician for examination and advice. This is the starting point of all the work.

I desire to outline briefly the things which need to be considered in taking care of the well child between infancy and the time that he enters school and to enumerate a few of the matters which need discussion in developing a community program.

1. The first thing demanding attention is proper nutrition. This is a fundamental consideration and the basis for normal development. There has been a good deal of discussion in medical and lay groups of "malnutrition." This has served to focus interest upon foods by calling attention to the number of children who have not been fed properly. We may learn much by a study of failures and by work with the undernourished. But this is a small part of the program and does not prevent a repetition of the same condition in other children. There is not as yet perfect agreement as to the standards of measurement by which we can estimate malnutrition. An urgent need at the present time is the adoption of a uniform method of determining bodily development. To this task we may well devote earnest effort. It is essential that we familiarize ourselves with the food

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requirements of normal children of this age. The requirements not only in kind but in quantity as well. As soon as this is known our effort must be directed toward securing for every child this required food. We must go further and see to it that the child is taught proper dietary habits and that the mothers are told how to plan the meals and prepare the food economically and well. Nutrition of the normal child is the matter of first importance.

II. Closely related to nutrition is posture or bodily mechanics. As we study this question more closely we are convinced that posture bears a direct relation to proper physiological function and that for normal health it is essential that the bodily mechanics be properly adjusted. The abnormalities of posture for the most part begin to be manifest during the pre-school age and much can be done during this period to prevent their becoming established and to insure their early correction.

III. Intimately associated with nutrition also is the development of the teeth. We realize that the character of the second teeth is closely related to the nutrition during infancy and pre-school age. This furnishes an added reason for the necessity of satisfactory nutrition. We must also do what we can to preserve the first set of teeth. They should be kept clean and protected from caries. During the latter part of this age period much can be done to influence the formation of the jaw and to secure proper approximation.

IV. Physical development is materially retarded unless there is free nasal breathing. It is essential, therefore, that if enlarged adenoids are present they should be removed. It is also desirable to do this in order that we may reduce the number of infections of the upper respiratory tract. These may result in infections of the ears with possible subsequent deafness or in enlarged cervical glands. The tonsils should be removed also when they are the seat of chronic infection. In the majority of instances it is wiser to postpone tonsillectomy until the latter end of the pre-school or the early part of the school period.

V. Contagious diseases are particularly fatal during the pre-school age. Ninety-seven per cent of the deaths from whooping cough occur in children under five years of age. Eighty per cent of the deaths from measles occur under three years of age. Sixty per cent of the deaths from diphtheria occur under five years of age and the susceptibility to diphtheria is greatest during this period. From 15 to 20% of all the deaths occurring in this age period are due to respiratory infections, for the most part pneumonia. The mortality from tuberculosis is highest during the early years of life. We have, therefore, the definite responsibility of protecting children of this age, so far as we are able, from acquiring infections. We should avail ourselves of every specific protection which is of proved value. In

this connection it is well to remember that the reason why small pox appears so infrequently in our death returns is that there has been widespread vaccination. It behooves us to see that there is no relaxation in this procedure. By the Shick test and the immunization against diphtheria with toxin-antitoxin we have a means at hand which it is not too much to hope may in the next few years place diphtheria in the category of rare diseases. Whatever means may be developed to prevent or to postpone whooping cough, measles, pneumonia and tuberculosis should be used.

VI. Not only must we consider nutrition and the protection from disease, but we must, so far as possible, give attention to personal hygiene and the daily schedule of living. Clothes should serve as a protection against cold but must not be an impediment to the proper development of the body. Waists which are worn to support the lower garments may easily exert pressure on the tips of the shoulders instead of close to the neck and thus favor the development of faulty posture. Shoes may cause trouble with the feet which lasts a life time. It is essential that children have a maximum amount of fresh air and sunshine, and an adequate amount of exercise and sleep. Fatigue is one of the greatest deterrents to normal development and lowers the resistance to disease.

VII. Mental development takes place most rapidly at this age period. Habits become fixed which influence future character and health. We are only just beginning to understand something of the mental life of the child, but everything we have learned shows the great importance of these early years. It is essential that good habits be established.

These then are the things toward which we must direct our attention:

1. Nutrition.
2. Posture.
3. Teeth.
4. Condition of the naco-pharynx.
5. Protection from disease..
6. Personal hygiene.
7. Habits.

How this program shall be put into operation in the community presents at once a number of preplexing features. I should like to enumerate a few of the more outstanding matters.

1. We must continue our education of the medical profession until it takes an interest in the normal child as it has become interested in the normal infant. This should extend also to the dental profession.

2. We must introduce into the course of training given to field workers in child hygiene, nurses, nutrition experts and all others instruction concerning the normal child of pre-school age.

3. We must study the proper organization of clinics for children of pre-school age. From these clinics the home visiting takes place.

4. We must work out the proper relations and responsibilities of the various workers in this field; nurses, dietitians, dental hygienists and special workers in mental hygiene, posture and so forth.

5. We must correlate or consolidate different organizations and associations which are working with children of this age in order that a complete health program may be developed without duplication and overlapping. These groups include the visiting nurse associations, the infant welfare associations, the day-nurseries, the nursery schools and also the public school workers who are interested that the children arrive at school in the best physical and mental condition.

6. We must encourage boards of health and others to extend the general application of known protective measures for the eradication of infectious disease.

7. We must conduct a general educational campaign among the laity in order that there may be community backing to bring the children under supervision and to secure financial support..

WHY DRINK MILK?

LYDIA J. ROBERTS

THAT the need of certain foods in the diet can be most effectively taught children by means of simple feeding experiments with their pets is a belief held by various nutrition specialists who have done practical work with children. The following simple experiment carried out by a group of children is offered with the idea of suggesting to mothers and teachers the feasability of this method.

The third grade was having weekly lessons on health. Each lesson concerned itself with a problem of vital interest to the children, and the aim each time was to present the truth in so graphic and forceful a manner as to cause the children to incorporate its teachings into their daily living. When it came to the milk lesson, the problem raised for discussion was, "Do children have to drink milk, or can something else take its place?" This was a question the children truly wanted answered for there were the usual number who had met all suggestions to include milk in their diets with the unanswerable argument, "But I don't like milk. I can't drink it." There was much free discussion of the question, therefore, pro and con, till finally John, a bright boy with the calory lesson fresh in his mind, brought the matter to a climax thus: "One cup of milk is worth 150 calories, and three small slices of bread are worth 150 calories. So if you want to eat bread instead of milk its all right, if you eat enough."

This impressed the children very much and almost seemed to settle

the matter, but there was still a lingering feeling on the part of some that since mothers and teachers had always insisted on milk there might be still more to the story. The children were now in exactly the right attitude of mind to welcome eagerly the proposal made at this juncture to find out for themselves the truth of the matter by a feeding experiment.

Two young white rats, just weaned and of practically the same size were presented and the details of the experiment outlined. It was agreed that one rat should have all that he wanted of bread and water, and that the other should be given bread and milk in order to find out whether John was right in believing that bread was as good as milk if you had enough.

About two-thirds of the children were underweight and were keeping weight charts and trying to gain from week to week. A big chart like theirs was made for each of the rats and it was decided to weigh the rats and plot their curves each week on the children's weighing day.

Needless to say the interest was intense. All week the children watched the cages and they knew which rat was ahead on weighing day even before he was put on the scale. But when they saw the steep curve of the milk rat and the almost straight line of the bread one, they became much concerned about the latter and urged that he be given some milk at once. "But it probably only just happened that way this time," we argued. "One week doesn't prove it. Let's give it a fair trial." And to this they readily agreed.

The next week, however, the difference between the rats was even more striking, and the children were quite insistent in their demands that the experiment be stopped. They crowded around us when we came for the lesson. "Give him some milk," they pleaded. "Go on! Give him some milk! We give in!"

"But wouldn't something else do as well," we urged, "candy, or sugar, perhaps? Some of you children like candy better than milk. Perhaps the rats would and it might do just as well. Why not try it for a few days at least?"

The idea only partially appealed to them, but when they saw that the rats greedily ate the sugar, they somewhat reluctantly agreed to withhold milk a few days longer and give candy a trial. But when the third weighing day arrived there was no doubt as to the result of the experiment, nor to the course which the children would demand the experiment should take. The bread and water rat weighed less than at the beginning, while the milk rat was several times his original size, and his weight line had climbed clear off the top of the chart. The excitement was great.

"What shall we do with the bread rat this week?" we finally asked—not that the question was necessary, for it was already evident

what their response would be, but in order that the final decision should be theirs. "Shall we go on feeding him bread and water, or bread and candy, or shall we try something else?"

"No!" fairly shouted the entire group in a chorus. "Give him some milk!" and the tone and emphasis was such as to leave no doubt that they were—as they had already many times assured us—fully convinced.

THE STATE DIVISION OF CHILD HYGIENE AND ITS RELATION TO THE MEDICAL PROFESSION*

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SOUTH DAKOTA has joined hands with the National Government in the establishment of a service to stop the enormous and preventable waste of the lives of mothers and children in our country. No previous provision had been made for this service. The creation of the Division of Child Hygiene by the last Legislature as a part of the Department of Public Health was the first step taken toward putting into effect a state program of general child welfare. This program is intended to include not only improvement in the care of the child from the time of birth through the period of adolescence, but also during the pre-natal period.

Much has been done by the schools, through their examining physicians and trained nurses, by the medical clinics, and by a number of generous, public spirited physicians who have given their time and service to the examination of older children and the correction of defects discovered. But to children of the pre-school age, particularly between the years of two and six, not much attention has been given. It is in this period that the habits and ideals of a lifetime are formed.

Lack of information on the part of people in general as to the causes of the unnecessary suffering and waste of life, and the means of preventing it, is accountable for the loss to a large degree. The remedy of the condition lies in public health education. This will require persistent and organized effort. It is too large a problem to expect the medical profession to solve alone. The burden of the task rightly falls to the State, which must look to physicians and surgeons for assistance in its accomplishment.

An outline of the plan for this work is placed before the mem-

*Abstract of a paper read before the Aberdeen District Medical Society, July 20, 1922.

bers of the medical profession with the belief that you will, in keeping with the humane contributions of the profession to the health of the people in all the past, assist by your professional knowledge and executive ability in making the work effective in your own home localities, where health education and preventive treatment could be provided for every mother and child.

The plan of the Division of Child Hygiene is to establish health centers in as many districts of the State as possible, and through these centers to—

1—Give information, instruction and practical demonstrations in the hygiene of maternity, infancy and childhood. The indications everywhere are that such information will not only be acceptable, but that it is being eagerly sought.
2—Provide nurses for home visiting.
3—Give aid to those to whom a physician is inaccessible or who have not the means of procuring medical service.
4—Examine children and advise regarding hygiene measures, and medical or surgical treatment when indicated.
5—Assist in finding means of correcting orthopedic defects.
6—Assist in checking the spread of infectious disease.
7—Secure more complete birth, death and morbidity reports.
8—Urge regular physical examinations of children of all ages in order that physical defects, incipient disease or defective development may be discovered and treatment recommended.
9—Endeavor to correlate the efforts of all existing agencies engaged in public health work so that duplication of labor and waste of funds may be avoided.

Both the central and the district organizations must be gradually developed, and in time, with more intimate knowledge of the varying needs of different localities, and larger financial support from local agencies, they will be perfected so that eventually every home in the State can be reached in case of need.

Health and mental development are closely allied and interdependent, and yet until very recent years, education and training in health had no place in the curriculums of our schools. Even when the course of study for the schools of our own State was being revised during the present year, uncertainty as to the wisdom of making the study of health subjects a required part of such course was expressed by those making the revision. In time it will have a definite place in our schools. The State Medical Society could do much to hasten that time and until there is adequate provision for such health instruction should not each physician educated and trained in matters of health and disease be a teacher of the people in the subjects pertaining to their health and well-being?

BEHAVIOR PROBLEMS WITH THE PRE-SCHOOL CHILD*

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A CHILD was brought into the doctor's room at a pre-school conference for his physical examination. The doctor was a mild, gentle-looking doctor, and very well-behaved, nothing terrifying-looking about him. He did not wear a white gown, his stethoscope wasn't in sight, he didn't even wear round shell-rimmed spectacles. It was a perfectly innocuous looking room, home-like, for it happened to be a little practice kitchen in a settlement house, because pre-school conferences will tuck themselves in anywhere that it is convenient, in order that they may be within reach of the people who need them, and the child looked neither terror stricken nor rebellious. The stage was set for a comfortable physical examination. But in a twinkling the scene changed. With the first overture from the doctor the child became a screaming, kicking, scratching, biting, fighting creature, resisting with all his strength, he knew not what, but resisting, nevertheless, and for the moment rather effectively. The mother scolded shrilly first, then administered a few cuffs, and then was going to give in and go away without having the child examined.

THE ELEMENT OF FEAR

How often have all of us who have worked in children's conferences, dispensaries or hospitals been witnesses to similar scenes in a greater or less degree, sometimes with the element of fear entering in because of the strange surroundings, but sometimes not. What, too, has been our reaction to the scene? Have we not met the situation just as one of the disagreeable incidents of the day's work, put through the physical examination if the mother would allow it, and then dismissed it all with the unthinking comment "That child ought to be spanked." Whether or not that was the right method with which to meet the situation does not concern us for the moment. The thing that does concern us is the fact that preventing such occurrences, or at least dealing with them wisely if they do occur, is just as much a part of a well-rounded child welfare or even child hygiene program as preventing malnutrition or tooth decay or diphtheria or any other of the preventable ills of childhood. They are *children* with which we

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are concerned, not merely tonsils, and legs, and stomachs, and as such must be treated "in toto" and not as separate parts.

Shall we strive and struggle for a healthy body and ignore the mind which is the driving power within that body? The machine perfect in every part can be driven to destruction and spread destruction in its path if the mind at the wheel is distorted and warped. "The healthy mind in the healthy body" should be the slogan of the child hygiene worker, for one without the other is an undesirable thing and does not augur well for the future. It would be folly to build a race strong of body but with a twist or kink in the personality that would later mean an abuse of power. And the twists and kinks begin early. The child's mind does not begin to grow and develop at school age. From birth to seven years is a period of rapid brain development. The child is acquiring impressions and reacting to them in rapid succession, and they are all having their more or less permanent effect. It is the threads of the warp of training which must be drawn straight else the woof of experience woven into that foundation will make an imperfect fabric. The child will become an adult not quite fitted to meet life successfully, but hampered in some way by a habit which mars his efficiency and peace of mind such as the habit of unfortunate emotional reaction, or by the lack of a habit which would have dismissed into the realm of the subconscious something which must continuously bother him. Surely it is much more comfortable to have the tooth brushing habit formed than to have to be asked by one's mother when a college student home on vacation, "If you have brushed your teeth, dear," and to have to give the negative answer.

But to go back to our kicking, screaming child, which is perhaps a rather crude and simple type of behavior problem. That child reacted to a situation of which he thought he was not going to approve in the manner which had proved successful heretofore in other unpopular situations. There was a motive back of his behavior, namely, to get rid of something he did not want, and it was perfectly reasonable that he should try this same method again. It was a new and salutary experience to find that as a method it did not always work. If you don't like a thing, scream and kick and you may get rid of it, but the habit of non-adaptability is being formed, and life with its trials and perplexities is not successfully met by the non-adaptable one who turns and runs away or rebels and kicks against the inevitable. If one goes on screaming and kicking through life, or adopting some equally unfortunate method the time is sure to come when it causes trouble. Without doubt many of these undesirable methods practiced successfully by little children form habits of action which are social and which we are justified in fearing may lead to delinquency, dependency, and even crime in later life. For instance, there is the child whose tendency to jealousy is fostered rather than eradicated by his environment. There is the imaginative and sensitive child whose fears are

cultivated rather than inhibited by those dangerous adults who are without wisdom, or whose sensitiveness is so worked upon by unfortunate competition with another child that the feeling of inferiority is abnormally developed. There is the child whose natural interest in sex is so unfortunately treated as to become abnormal. Are not all these children developing traits which bid fair to become hindrances rather than helps to them when, as adults, they should be prepared to meet the adjustments which life calls for with the poise which is essential to well-being?

How Mental Associations Grow

Normal growth of an association is like the growth of a living organism. It is from within out. No child grows taller by having a few inches placed on top of his head, and no association grows normally by having new activities placed upon it by some outside agent. So it has been with the development of habit clinics in Boston. The Baby Hygiene Association grew from an association caring for infants under a year of age to an association caring for children up to school age because the workers themselves called for it as a crying need. The habit clinics were started last fall because the workers, faced with the problems day after day of getting satisfactory results with the pre-school children, realized that there were situations in many homes with which they were not fitted to cope. Children would not eat, children had fears of one sort or another that were not overcome. Children wandered away from home and would give no account of themselves on their return. Children dominated the home in a way which was unfortunate for them and most unpleasant for the home. In fact children did those things which they ought not to do, and left undone those things which they ought to do, and there was no health in us. We were not prepared to give those mothers and children the help they needed, and we sought to remedy the defect.

Dr. Thom, of the Boston Psychopathic Hospital, came to one of our pre-school clinics and looked the ground over to see what might be done. As he says he had doubts and misgivings, for the difficulties loomed large to us. Language difficulties, over-worked and non-comprehending mothers, distressing home environments, all seemed to make a situation difficult to deal with. But in spite of difficulties the habit clinic was begun in a very simple way, a desk and chairs, a doctor and patient and we were started. Nothing has justified our faith in it so much as the response from the mothers. They are learning that the methods they used were unwise and even deplorable, and that other methods may be adopted which bring the results which they want. They come back gladly for further advice.

To quote from Dr. Thom in regard to one case—"It was a case

of two youngsters in the same family, one just five, the other over six years of age. The younger, Gertrude, was brought to the clinic on account of persistent bed wetting and walking in her sleep. She would wake up frightened and cry out, disturbing the entire household. The older, Helen, also was a persistent bed wetter, for the past three weeks had been vomiting every morning and occasionally during the day, and was very untidy in her dress and general habits. Both children were a great problem to their mother. She stated that it seemed as if she did nothing but wash sheets all day long, and since Helen had been vomiting her daily routine had become even more difficult. The conditions in the home were described by a psychiatric social worker as follows: The family lived in three miserable rooms with low ceilings, small windows, and floors in a bad condition, showing that apparently no attempt had been made to do any cleaning for several days. Piles of soiled clothing were lying around, and wood and coal were scattered about the stove. In one of the rooms there was a small open toilet for the children to which they went frequently and which the woman emptied at infrequent intervals. A towel and wash cloth that hung by the sink and that were used to wash the baby's face were indescribably dirty. The air in the rooms was very bad.

The mother, a woman of no particular intelligence who was able to speak only rather broken English, was five months pregnant. She stated that she often wondered what she had to live for. She seemed to be afraid of her children, but on the other hand was very fearful that some harm might come to them. She walked to school with them twice every day because she was afraid that the bigger children would knock them down. There were four children, the two of whom I have been speaking, Helen and Gertrude, being the oldest. It was not difficult to determine that Helen's vomiting was purely a matter of imitation. The mother had been vomiting herself (because of her pregnancy) for the past months, often in the presence of the child. The bed wetting of both children had been tolerated and no attempt had been made to establish a routine that would tend to break up this habit.

Within two weeks the vomiting and the bed wetting of both children were stopped by very simple, common-sense measures. I need only say that the mother was much gratified at getting results by following our simple instructions. An effort is now being made to help her with the family budget—as the income of the father is sufficient to provide much more comfort than the family are getting—and to teach her some of the principles of cleanliness and household efficiency. In this case our success with the children was the initial wedge in getting into the household and doing something for the entire family." A discouraging home condition, and yet results were obtained.

The Child Who Would Not Eat

Another child came to the clinic because she would not eat. Candy and meat or nothing was the child's ultimatum and what she said apparently carried weight. A tiny little child had learned her power and a habit was being formed which one would think might at least lead to a gastric tragedy. The child also sucked her thumb almost continuously. The mother was advised to ignore the thumb sucking and various methods were tried to encourage the child to eat properly. A child's love of approbation was played upon, simple rewards were given. The child was given a chart to fill in with crosses when she ate certain foods. Pleasure in her own gain stimulated her to further effort and eventually a better regime of nourishment was an accomplished fact. The thumb sucking which was apparently due to a feeling of hunger because of improper feeding gradually stopped. It is not all plain sailing, there are cross currents which hamper progress. In this case it was discovered that the mother lied to the child about her food, saying one day, that there was ice cream in the rice and then the child tried to drop back to her old habits and much had to be done over again.

A Juvenile Hysteric

There is the case of another child 5½ years, where the problem is stated as "Refuses food, fainting spells, thumb sucking, screams and kicks when not allowed to have her own way. She is described on the record as very affectionate but self-centered. Plays well with other children. Gets on well with baby sister but is ignored by older sister. Is not sullen. Mother claims that she completely dominates herself and her husband. When punished by either parent has what her mother calls a fainting spell. She is then picked up and put in bed and petted until she recovers." Such a situation in a home makes a well-balanced life impossible. Things are out of gear and the tendency is to get more so rather than less. One child is getting overmuch and unwise attention to the detriment of the other children in the family. In the family mentioned the strain was particularly apparent and more or less family strife was resulting. Attendance at the habit clinic, frequent conferences with the mother and then with the child resulted in a changed attitude on the part of both and a distinct improvement in the situation.

There was the case of a child of 3½ years who went to bed at 7.30 and slept until 1 or 2 then woke up and woke frequently the rest of the night. She often wet the bed and her clothes during the day. The mother said she did this only when nervous. She had recently seen soldiers drilling and since then talked constantly about them and said they were going to take her. She became frightened of the dark and wanted her mother with her all the time. The

child was very shy with the doctor at first and made no response to his attempt to become friends. The first efforts were made with the mother. Suggestions were made as to how to help the child overcome her fear of soldiers and a few simple changes made in the child's daily regime. Improvement was slow, but the fears were conquered, and the child's extreme shyness was overcome.

Some one may say that many of these undesirable habits are self-eliminating. This may be true to a certain extent, but they are all leaving their mark, and we are not justified in ignoring them just because some of them apparently may disappear. Someone else may say that they have tried some of the same methods described and had results without a habit clinic. So far so good. But it must be more universally done, and many, many of us need further training in child psychology in order that we may meet with helpful understanding the problems which children's actions and reactions present.

The Object of the Habit Clinic

The work of the habit clinic is in its infancy. It is in no way spectacular. The doctor gets an account of the child, its physical history, and habit history from the home visitor and then has individual interviews with the mother and child. The mission of the clinic is at least two fold; it is seeking to give help to these individual cases which come to us, it is also seeking to interpret the reactions of early childhood, to understand the intricate and involved problems of this age period and to develop means and methods of dealing with these problems which will mean a contribution to the cause of child welfare.

Apologies either before or after should not be a part of one's paper, but at least a confession at this time is almost called for. I am not a psychiatrist, a psychologist, or a psychiatric social worker. I am merely one of those workers who has long felt the need of help along these lines if we would have a well-rounded child hygiene program, and I speak because I see that help may come to all of us; not only to those who may turn to some psychiatric clinic close at hand, but to those who are working almost alone with the whole burden of the child's welfare on their shoulders. In the laboratories which the crowded cities, equipped with hospital and medical facilities offer, methods will be worked out which eventually can so enrich our training that we may be prepared to meet these problems arising from a little child's mind.

As child hygiene workers we have in our hands a wealth of plastic material which is ours to help in the shaping. Shall it be an unbalanced and distorted thing, or can we make it "a thing of beauty and a joy forever?"

MOTHER AND CHILD HEALTH TALKS

NUMBER 11

THE INFANT'S HABITS

JOHN A. FOOTE, M.D., WASHINGTON, D. C.

AT NO time of life is it more important to guide and correct the formation of habits than in infancy. It is just as easy, within reasonable limits, to have an infant develop proper and regular habits in the matter of taking nourishment, sleeping and playing as it is to develop irregularity of appetite, disturbed and erratic slumber and bad temper. When a normal, healthy infant develops bad habits it is not because he has an instinct toward being bad, but because some mother or some nurse has gone to the trouble of teaching him how to misbehave. From the very beginning the child should be put to the mother's breast at regular intervals, whether it be day or night. He must be fed by the clock; and when he is sleeping at feeding time he should be awakened. The length of time which he is to be at the breast is usually indicated by the attending physician, and this should not be deviated from except for some good reason.

In the matter of sleep, the baby should be placed in its crib at the time indicated, and left to its own devices. If he cries to be taken up or to be rocked, it usually means that on a previous occasion someone had taken him up, or someone had rocked him in order to induce him to go to sleep, and the memory of this pleasurable experience has remained.

A certain amount of crying each day, of course, is necessary, for the young infant has to have exercise, and he will usually indulge in this amount of crying without being taught to do so.

Allowing the baby to get what he wants by crying is teaching him to use his voice as a weapon. Of course, babies sometimes cry from pain, or from colic, but the remedy for even one of these conditions does not consist in rocking and walking with his young lordship.

Often the mother will say, "I know there must be something the matter with my baby or he would not cry that way." It is quite true that the baby may not be normal and may be crying because of the colic or indigestion, or for some other reason. Usually some symptom of the condition other than crying will be observed, such as undigested stools, eructation of gas, or something similar. It is best to let the physician decide this question. Petting or humoring the baby will

not cure the cause of its pain. It is perhaps easier to inculcate improper habits when a child is ill than at any other time.

Training the child in this way should begin from the very first day of birth; usually the "nervous" mother who says she cannot bear to hear the baby cry is more concerned about her own "nerves" than the baby's.

Training the infant in the control of the bladder and the bowels should also begin early. One of the best ways to teach a child to understand the unpleasantness of wet and soiled clothing is to keep him as dry as possible. When the baby is quite young an inspection of the diaper at half-hour or hour intervals is a useful routine during the daytime. The employment of waterproof covers for the diaper not only favors irritation of the skin, but also teaches the child to become accustomed to wet clothing. After the child is a couple of months old it may be placed on a small round vessel after each nursing in the daytime, with the idea of teaching it to empty the bladder or the rectum at this time. As most of the child's earlier memories are associated with food, this is best done at feeding time. Many mothers neglect this practice because they want the baby to go to sleep while taking the breast or the bottle. It will be just as easy to teach the infant the habit of going to sleep after the exercise I have spoken of as it was to teach it to sleep after feeding. A little patience and a little self-control are necessary on the part of the mother. She will be no less maternal if she follows a strict program. The feeding time, especially if the child receives the mother's milk, affords plenty of opportunity for the necessary mothering of the baby.

Allowing the child to form his own habits of feeding, and sleeping, and crying, is cruelty to the infant, and eventually to the parents.

When the child is six to nine months old, or older, he may acquire certain obnoxious habits such as thumb-sucking, which he practices purposefully and not by accident, as is the case of the very young infant. If he has learned to be attracted by objects such as a rattle or a simple toy and will reach for such objects, then this activity may be utilized to advantage to correct his thumb-sucking or other objectionable habits. Instead of tying the hand down, or using other modes of restraint, rattles, toys and similar objects should be placed in his fist, in an attempt to substitute a harmless nerve-muscle activity for an objectionable one.

The numerous parents who nowadays live in apartment houses are wont to indulge the baby because they fear that its cries will disturb the other occupants of the apartment house. To do this is to borrow a very transient peace at usurious rates of later discomfort. In training the infant the most golden of rules is "Do it now."

MOTHER AND CHILD

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DECEMBER, 1922

Child Hygiene Work and the Private Physician

The attitude of the physician who is engaged in private practice, and especially of the physician who does general practice, toward child hygiene work is one that deserves and is receiving increased attention. The social unrest which characterizes these modern days has produced ripples even in the ordinarily placid harbors of medical practice. A growing trend toward paternalism in both state and national government is regarded by some members of the medical profession as threatening to invade the domain of private medical practice, so that ultimately the state may come to usurp the position of the individual physician and disrupt the relation which the latter has held as the friend and adviser of the individual patient. Organized medicine in county, state and national meetings has endeavored within the past year to define and limit the activities of "State Medicine" so that the responsibilities and the emoluments of the private physician shall not be interfered with. Health insurance, and similar schemes for affording medical advice and service at a reduced rate to ordinarily self-supporting individuals has very properly been placed under the ban. Numerous definitions have been formulated with the purpose of determining exactly what the State and the private organization may and may not do if they would serve the best interests of the public and of the medical profession. All this is evidence of an unrest that seems to be growing more widespread and more general within the past twelve months.

The rise and growth of numerous "drugless" cults has tended to render the rank and file of the profession distrustful of the attitude of public bodies and of legislatures toward medical ideas and medical ideals. Irregular practitioners have been licensed in some states, aggressive campaigns to limit medical research through passage of so-called anti-vivisection acts have been and still are being relentlessly waged in many cities and states throughout the country. A bacteriologist who has never practiced writes a book denouncing the profession generally and

asserting that medical practice is an art and not a science, that medical men who practice cannot be scientists, and that physicians and surgeons are being compensated at a rate entirely out of proportion to the value of their services. All of these signs and symbols of revolt against the established order of medical solidarity have resulted in a "summation of stimuli" that is at last producing decided symptoms of irritation in the medical body generally.

Child hygiene work, and the establishment of child health centers, owes much of its success to the cooperation of practicing physicians in the neighborhoods where this work has been established. It is a matter of common observation that a class of individuals of a higher economic station than the usual indigent dispensary patients may frequently be seen in the child hygiene dispensary. The fact that health advice, and not medical treatment, is given at the child hygiene conference and that well infants and children are treated rather than those who are ill, has kept this service within the letter of the law concerning medical treatment, since in most states medical treatment consists in the administration or application of medicines. And yet, more and more people are daily coming to a realization that the hope of modern medicine will lie in the prevention of disease rather than its cure. The busy general practitioner in spite of perhaps well-founded apprehensions still has a large clientele of sick individuals. He goes about preaching when he has time, his doctrines of prevention, urging sanitary measures through his medical society and doing generally more unselfish work—proportionately—for the good of his community than any member of any other profession; but his practice and his training lie largely with the problems of the sick. He usually has not the time to properly supervise the hygiene of the babies and the children under his care; his patients are not usually accustomed to look to him for such advice and frequently would not pay him for such advice—for the definition of medical practice as the prescribing of medicine is still fast in the minds of many otherwise intelligent lay people. But such people may be educated and there comes a day when a neighbor or a friend urges the mother to bring her baby to the child health conference. The visiting nurse then follows up and the mother becomes a regular attendant. It is not strange, in that event, that the physician should feel that he has "lost his patient" to the Welfare Center. Certainly, even though the baby may not be treated in illness by the physician at the Center, freedom from illness comes as a result of better care. What is the remedy? Dr. Borden Veeder, addressing the medical section of this Association, believes that it lies in the education of the private physician in child hygiene.

The child health conference he believes to be a temporary, and not wholly satisfactory, measure to be used until the public is educated to the positive value of instruction in child health. To replace it the private physician must so fit himself as to be able and willing to give better and more adequate service to his well patients.

Health advice given after proper examination is infinitely more valuable than the fabled Mithridatium which neutralized all poisons and cured all ills. Better teaching of our medical students in child hygiene and better preaching and practicing on the part of many private physicians of preventive pediatrics would make it unnecessary for the State to take any but the ordinary measures which have been employed in the past for the reduction of infant mortality.

—JOHN FOOTE.

A Quaint Old Picture

The Christmas picture which is the frontispiece in this issue is reproduced from an edition of the New Testament published in 1778. This was one of the first editions of the New Testament prepared for popular use and its illustrations have long been the admiration of artists because of their beauty and quaint simplicity which appeal not only to the eye but to the heart as well.

It is through the courtesy of the editor of the *Pan American Bulletin* that we are able to reproduce this picture here. Her kindness in lending us her copy of that rare edition is quite in keeping with her constant helpfulness to MOTHER AND CHILD.

The Consolidating Societies

The completion of arrangements for amalgamation of the American Child Hygiene Association with the Child Health Organization of America is proceeding as rapidly as is consistent with thorough consideration by those to whom this task has been delegated by the two organizations. A statement will appear in the January issue of MOTHER AND CHILD giving the status of the amalgamation and plans for the future so far as they may have been developed.

It is the hope of all who are associated with this new venture in common service that it will be possible to develop new measures of the usefulness and value of those methods which have been used or shall be tried for saving child and maternal lives and developing sound and wholesome bodies and minds. They are anxious that the new association shall not devote its efforts primarily to the multiplication of field visits or service of any kind so far as mere quantity is concerned, but shall attempt at the same time to give the best that can be given and continually to devise new methods of improvement.

This pooling of effort is already being generally welcomed throughout the country.

From Monumenta Pompeiana.

THE DAY'S WORK

INFANT WELFARE SOCIETY EXHIBIT

A most successful exhibit has been prepared by the Infant Welfare Society of Minneapolis, consisting of six panels on prenatal care, six on infant care and twelve on the training and feeding of children of pre-school age. On each panel there is a picture which was chosen both for its intrinsic suggestiveness and for its power to arouse interest in the accompanying text. The pictures are beautifully done in water color, and the printing is done by hand. Miss Helen Chesley Peck, executive secretary of the Infant Welfare Society, says: "We feel that the expense of coloring and printing by hand was not great in view of the resulting attractiveness of the panels. In showing them at the State Fair and in store windows it is only necessary to give special attention to the lighting to complete the exhibit.

"One of the secrets of our success," Miss Peck continues, "lies in the fact that we consulted a real publicity person to do the legends. It was rather a shock to prepare what we considered good 'text' and to be told that no one would read it! Then our consultant, who certainly understood his public, would take our precious words and startle us with a few crisp sentences." The following three legends are especially good:

"Old Wives Tales"

Maternity is a natural process but not always a normal one.

No need to fear if you consult your doctor early and follow his advice.

Other mothers' experiences are not yours.

Scorn superstitions.

Two lives are at stake.

The Breast Fed Baby

Every mother can nurse her baby.

Regular and *complete* nursing will increase the milk supply.

Mother's milk always "agrees with baby."

Do not put your baby on a bottle without consulting your doctor.

Discipline

When you refuse, refuse finally.

When you consent, consent gladly.

When you punish, punish good naturedly.

Praise often. Scold never.

Miss Peck gives one incident as

illustrative of the interest the panels have aroused. A department store manager was persuaded to rent 12 panels for a week's window display. He was visited in his office on the first day for a report. "Well, I was afraid they wouldn't take," he said, "so I only put in six." The visitor suggested that they go out and see the results. Much to his surprise they were unable to get anywhere near the window, as the sidewalk was crowded with people trying to read the panels. Hurrying back to his window-dresser, the manager ordered: "Clear out the next window, quick."

Each panel is 44 x 28 inches. The frames, which are of white wood with two decorative stripes of blue, are mounted on legs with removable feet and stand about six feet high. Each series of six has a packing box, especially made to insure safe transportation. The rental price for three days for each series of six panels is $15.00 plus drayage and express to and from Minneapolis; for a week, $25.00. The exhibit can be set up very quickly and easily by one person, and as the name of the Infant Welfare Society is not on the panels they may be used in any community. Further details will be furnished by the Society, 414 South 8th Street.

WHOOPING COUGH

"Whooping cough and carelessness are synonymous," says Dr. R. M. Olin, state commissioner of health in Michigan, "and carelessness is increasing."

Between August 1st and 22nd there were 538 cases of whooping cough reported to the state department of health compared with 362 on the same date last year. The average for the first 22 days of August for the past ten years is 133. There was an increase of 70 cases during July, 1922, over July, 1921, and during 22 days in August the increase was 176, showing that the disease is on the increase in the state. Indications are that it will continue upward.

Whooping cough is a contagious disease and regarded as one of the most dangerous for children under five years. Figures show that 90 per cent of the 156 deaths from the disease since January 1st were among children under five. Complications induced by whooping cough are bronchial pneumonia and other respiratory diseases.

In Michigan all cases must be reported to the State Department of Health. Children having the disease should be allowed to go out doors but care should be taken by parents to keep them away from other children.

"Reduction of the number of cases can be accomplished through the combined efforts of parents, health officials, school authorities and the children themselves," says Dr. Olin. He scorned the idea that whooping cough is necessary in a child's life. "The theory that every child is bound to have the disease and the sooner he has it the better is responsible for hundreds of needless deaths, and that belief must be abolished."

REGULATION OF MIDWIFERY

The Appellate Division of the New York Supreme Court has recently handed down a decision which sweepingly sustains the power of the State Commissioner of Health to grant or withhold licenses to practice midwifery, as provided for by the public health law and the sanitary code. (*New York State Journal of Medicine,* October, 1922.)

SCHOLARSHIPS FOR NURSES

The Visiting Nurse Association of Chicago announces several scholarships that are to be awarded from the income of $35,000 fund given in memory of the late Mrs. Cyrus Hall McCormick, a member of the board of directors, first vice-president and an honorary member of the board of directors from 1906 to 1921.

One scholarship of $1,200 will be offered annually for eleven months' study and research, to any Visiting Nurse (graduate, registered) who shall meet the following conditions:

I. Work in the association for not less than twelve months preceding.
II. Ability to comply with the academic standards of the institution in which her course is taken.
III. Preparation of a special report or thesis based on her year's work.
IV. Agreement to return to the association for at least one year (twelve months) of work immediately after the close of her scholarship year.

The holder of this scholarship will be required to take at least one course leading towards the preparation of a report or thesis. This report shall be something helpful to the work of the association and must be presented at the close of the year. The subject will be selected either before the student begins her course or very early in the course. It shall be the understanding of the student, the committee and the instructors that the student shall be given every assistance in making this report or thesis of value to our association and to the public health nursing generally.

This scholarship will be competitive. Its award will be based upon the work of the candidate during the preceding year, and upon a brief written report or theme on a given subject, which each candidate will be asked to submit.

The remainder of the income from this request will be spent in two or more scholarships awarded for short courses or for observation visits for the purpose of studying methods and conditions, and may be given to any member of the nursing or office staff.

Any worker receiving such a scholarship must have been with the association for not less than twelve months; must agree to return to the association for at least one year; and if the scholarship is awarded for any special course, the candidate must meet the requirements of the institu-

tion in which the course is offered.

These scholarships may be given for summer courses, for special institutes, or to send a worker for a definite study of administrative or field service, knowledge of which work will be of value to our association.

Each worker accepting such a scholarship, either academic or traveling, will be asked to present a written report of her study at the termination of her leave of absence.

The length of the leave of absence and the amount of money given will depend upon the time required by the course to be taken or the work to be studied.

A scholarship fund of $5,000 has been given by Mrs Albert H. Wolf, a member of the Board of Directors since 1913, in memory of her husband, the late Albert H. Wolf of Chicago.. The scholarship, amounting to $250 annually, may be given one or more nurses for study or observation in public health nursing courses or in related fields, outside of Chicago.

Any worker accepting such a scholarship, either academic or traveling, will be asked to present a written report of her study at the termination of her leave of absence.

The committee awarded this scholarship shall consist of the President, the Chairman of the Nurses' Committee, the Superintendent, and Mrs. Albert H. Wolf.

WHAT THE DAY NURSERIES ARE DOING

THE MANILA CENTERS

Two day nurseries are maintained in Manila, Philippine Islands, which, in addition to carryng on regular day nursery work, also act as maternity and child welfare centers. These are described by Jose Fabella, Public Health Commissioner, in his first annual report.

"The centers, which were opened in October, 1921, for two mornings a week, were operated by one physician and two attending nurses. In them all expectant mothers, mothers, babies and older children were admitted without distinction. Minute physical examination of clients was made by the physician in charge. Existing deficiencies were detected and remedied. Instructions in regard to preventive medicine and the hygiene of pregnancy and of children were given. Properly balanced diet and proper feeding for infants and children were also taught. Practical demonstrations by the nurses on proper bathing, clothing, household treatments, bottle feeding, and so forth of children, were given once or twice a week. To insure more or less the well-being of both mothers and infants, proper preparations and arrangements for confinement

were also practiced. In the afternoon, the nurses made their house-to-house visits, to find out whether the instructions given to the mothers were carried out properly and at the same time to determine what were the social conditions and hygiene surroundings of the home."

CROSSING THE STREET

A new game was suggested by the Safety Institute of America for the nursery kindergartens in a circular letter sent to all the day nurseries of New York City, urging cooperation with the Institute.

This game teaches the children the proper way to cross the street. The teacher acts as the traffic officer and the children imitate pedestrians and automobiles at a crossing. This game has proved very effective wherever used, for it not only interests the children but also educates them to be more careful.

THE INTERNATIONAL CONFERENCE

There will be an international conference of Day Nurseries in London during the last week in May, 1923, covering two days.

Delegates are expected from France, Holland, Belgium, Italy, Sweden, Egypt, India, Japan, Canada and the United States.

The President of the National Society of Day Nurseries of Great Britain is H.R.H. Princess Christian, and the Vice-Chairman of the Executive Committee is Muriel, Viscountess Helmsley.

The headquarters of this society is 117 Piccadilly, London.

A SUMMER INNOVATION

During the past summer the Neighborhood House of the Jewish Sisterhood, Newark, New Jersey, has been continuing the health work of the public schools by selling milk to young patrons of its playground. For two cents the children are given a paper cup of milk and a graham cracker. There were between 25 and 30 small customers the first week, and as the news spread, their number increased. Welfare workers told the children of the neighborhood about the great benefit to be derived from milk, and a picture of a cow on the bulletin board in front of the building attracted attention to the sale.

DAY NURSERIES IN JAPAN

The great development of the Day Nursery idea in Japan within the last ten or twelve years has been largely due to the influence of America. The first nursery on the island was organized in 1892, but in 1910 there were still only two or three in existence. Today there are 76 nurseries, not including those in factories, caring for 5,253 children. Between 1910 and 1922 many officials of the Japanese government have come to this country to study our nurseries, among other welfare agencies, and a delegate was sent to the National Conference of Day Nurseries at Atlantic City in 1919. Several visits were paid by these officials to the office of the National Federation of Day Nurseries in New York City to obtain the latest ideas in day nursery work.

From Monumenta Pompeiana.

THE FOREIGN FIELD

ENGLAND

NURSERY SCHOOLS

In London there are ten recognized nursery schools accommodating between four and five hundred children and, with the exception of two belonging to the London County Council, they are all voluntary schools which for the past two years have received grants in aid. The parents pay a small sum weekly, which covers the food, and the children remain at the school all day, sleeping in camp beds for at least one hour daily, playing and doing kindergarten work the remainder of the time. These children are well-nourished, and have not the fatigued, weary look of so many poor children. They are well able to withstand disease, and when an epidemic such as measles attacks the school, their high standard of resistance is marked by a rapid and good recovery rarely complicated by any of the dreaded after-effects to which so many less fortunate children of this age and class succumb.

If we are to economize in our national expenditure we must look after the child under six. It pays. Accurate figures as to the number of cripples in this country are not as yet available, but the three diseases responsible for our cripples,—infantile paralysis, rickets and surgical tuberculosis,—all start before the age of six. * * * Provision has been made for the treatment of tuberculosis, which contributes the smallest number of cripples, though for far more than need be were preventive methods in force at an early age, yet no definite plan of action has been laid down for dealing with infantile paralysis or poliomyelitis, which is an epidemic disease and should be tackled as such. It is the first three years in the treatment of this disease that count. These are the children who drift into our workhouses and are dependent on our rates, and it is only by keeping under supervision children under six that we can control the number of cripples in the country. That the school is the one effective

center for the control of epidemic disease among children is now recognized, which emphasizes the necessity for nursery schools, where the main object is to develop the physical and moral resistance of the children. An effort to reduce the number of cripples in the country would not only show an immediate repayment of expenditure but would eventually constitute a national saving.

"'In Belgium, the kindergarten system is more or less universal for children between three and six. These schools are under Government inspection and control. They have been either built by communes or adopted by them, and if any remain in private hands they have to conform to certain conditions. In 1905 Belgium had 2,771 of these nursery schools with 258,149 children in attendance, and although they are quite separate from the schools for older children and do not prepare the children for the elementary schools on narrow lines, they are accepted as the foundation and educational basis of the elementary school. Here the children have every physical and moral advantage. Among other things they learn good habits and self-control at a period recognized by educationists and psychologists as the most important period of child life where habit-training or character forming is concerned. (Margaret Hogarth in *Maternity and Child Welfare,* Vol. VI, No. 4, 1922.)

SUMMER DIARRHOEA

Doctor H. C. Cameron, Physician for Diseases of Children, Guy's Hospital, writes as follows on the nature of Summer Diarrhœa:

"We are still far from understanding the causes which lead to the great increase of infant mortality and morbidity which occurs in the late summer. The total of deaths rises every year in August and September to a height which is roughly proportional to the severity and duration of the summer heat, and which corresponds amazingly closely to the curve of the records of the four-foot earth thermometer. Great heat in the early summer, on the other hand, causes no considerable rise in the mortality. Further, investigation shows that the deaths occur for the most part among artificially fed children, living under poor hygienic circumstances, and that the toll is greatest among the children inhabiting the ill-ventilated and crowded houses of the poorer parts of the cities. * * * The prejudicial action of heat is mainly physical and exercises its harmful effect by reason of the instability of the mechanism which controls the heat formation and heat loss in infancy. * * *

"No one will dispute that advice inculcating cleanliness is good advice, yet it is possible that teaching insisting on the need for adopting measures to assist the young child to combat the direct influence of the heat upon its own

body might be more fruitful of results. If there is good evidence that a large part of the total mortality is due to the inability of the young infant to protect itself against the ill effects of high temperature, stagnant atmosphere, and excessive moisture, our propaganda must be modified accordingly.

The power to maintain a normal body temperature is perhaps the most sensitive index of thriving and of health in infancy. The feeble child tends to show a temperature curve with considerable fluctuations above and below the normal. The first indication of improvement and increasing strength is shown by the recovery of the monothermia of health. An unstable heat center with a temperature curve showing considerable variations is constantly found in the new born. In older infants it is a mark of weakness. After a fall in weight from nutritional disturbance of any sort, the early constancy of body temperature may again show itself. * * *

"Considerations such as these support the view that the great summer mortality is not entirely or chiefly due to infective enteritis, the result of contamination of the milk supply, but is to be attributed in great part to the prejudicial effect of heat in lowering the need for food and the tolerance for food, in diminishing the force and activity of the digestive secretions, and in encouraging the overgrowth and migration of bacteria which are normal inhabitants of the colon to other parts of the bowel. Clinical observations point to the same conclusion. * * *

"It is a matter of great moment that we should determine the relative importance of the two factors which may be principally concerned in the production of summer diarrhœa. Is heat in the main prejudicial because it encourages contamination of the milk supply with pathogenic bacteria, or is it prejudicial because of its physical effects upon the child, the infective element being both endogenous and terminal, occuring only after the resistance has been profoundly lowered and after great dehydration of the body? If the effect of heat is physical, the stress must be laid upon measures to assist the child to withstand its attack. We may recommend that in hot weather food should be reduced as a routine measure by a considerable percentage, while the total volume of fluid is kept the same or increased. Especially the intake of carbohydrates should be lowered; that attention should be paid to securing that the clothing by day and night should be light and porous—(a single garment may be sufficient at times during the heat of the day); that tepid or cold sponging should be practised as a routine; that the hangings of cots and cradles should be done away with for the time being, permitting the circulation of air as freely as possible; that the child should occupy a room with a through draught, in which the air can be felt in free movement.

"The ideal room for a young child is one which has windows opening upon opposite walls of the house, so that a current of air proportional in strength to the difference in temperature between the wall in the sunshine and the wall in the shade runs through the room. Since this is seldom available, a room should be chosen of which the door opens into a space ventilated from the opposite wall of the house. From the impossibility of securing this, many modern blocks or flats in which the windows all point one way and the doors open upon an ill-ventilated corridor, are as unsuitable for young infants as are the old and discredited back-to-back houses.

"The infant enveloped in many layers of impervious flannelette lying on a feather bed in the most airless corner of an airless room which is crowded with adults and opens only upon a courtyard in which the temperature is 90 degrees in the shade, an infant whose restlessness and crying and thirst are soothed by the free administration of an artificial diet, is under conditions peculiarly well fitted to produce the disturbance of body temperature which leads to a loss of tolerance for food, to bacterial overgrowth within the intestine, to endogenous infection and ultimately to intoxication." (*Maternity and Child Welfare,* Vol. VI, No. 4, 1922.)

PURE MILK

The subject of pure milk is receiving considerable attention in England. A new Milk and Dairies Act came into effect September 1, which postpones until 1925 the operation of the more comprehensive Milk and Dairies Act passed in 1915 but not put into effect because of the war. Under the new Act milk venders may be licensed to sell milk of certain fixed grades, to be defined by the Ministry of Health. (*National Health,* October, 1922.)

A TRAVELING EXHIBIT

A traveling child welfare exhibit is journeying through the larger towns of Derbyshire County. Girls over 12 are excused from school to attend. (*National Health,* October, 1922.)

MEXICO

SECOND CHILD WELFARE CONGRESS

The associations already registered for participation in the Second Mexican Child Congress, to be held January 2 to 9, 1923, are: The National Academy of Medicine; General Directorate of Public Education in the Federal District; Mexican Biological Society; Directorate of Biological Studies; Mexican Popular University; General Directorate of Public Charity; School Hygiene Section; Society for the Protection of Children; Mexican Dental Federation; the Tampico Pro-Infancia Club and the special agricultural school of Ciudad Juarez. Many physicians, professors, and philanthropists are also registered. (*Bulletin of the Pan American Union,* October, 1922.)

RECENT LITERATURE ON MOTHER AND CHILD WELFARE

PAMPHLETS

School Records—An Experiment. By Mary S. Marot. Published by the Bureau of Educational Experiments, 144 West 13th Street, New York City. 60 pages. Price 25 cents.

"How shall the progressive school make good its claim to better preparation for life by living? How can the advocates of a flexible curriculum estimate their school procedure in contrast to the fixed course of study didactically administered? Miss Marot has an answer for the teacher pondering these problems. She has arrived at it after painstaking experiment in cooperation with the teaching staff in several schools. Her work with the teachers of the City and Country School and of the Nursery School of the Bureau of Educational Experiments has been the basis of the records now being used in these experimental schools."

A Nursery School Experiment. Descriptive report by Harriet M. Johnson, introduction by Lucy Sprague Mitchell, section on music by Carmen S. Reuben. Bulletin XI, published by the Bureau of Educational Experiments, 144 West 13th Street, New York City. 82 pages, illustrated. Price, 75 cents.

"This pamphlet discusses the equipment and procedure developed in the course of three years' experience. The Nursery School of the Bureau of Educational Experiments provides all-day care for a limited number of children between the ages of 18 months and 3 years. Miss Johnson has not confined the scope of her experiment to the problems of physical care, but has attempted to sound the educational possibilities afforded and at the same time to offer laboratory facilities for the research workers of the Bureau's staff. She has made detailed records of the children under her care, their responses and activities."

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